



Waterford Town Police Department
 65 Broad Street
 Waterford, New York 12188
 Phone 518-237-3341
 Fax 518-237-2264
 WWW.TOWN.WATERFORD.NY.US

Registration Request Form For Special Needs Registry

Name: _____

Home Address: _____

Town/Village: _____

Home Telephone: _____ Cell Phone: _____

Mailing Address(if Different) _____

Date of Birth: _____ Sex: Male Female

Residence Type: Private Home Apartment/ Condo Mobile Home
 Retirement Home Other _____

Are you a year round resident: Yes or No- If no, from _____ to _____

Circle all that apply: Mobility Impairment Major Respiratory Illness

Receive services from County mental Health Center

Receive service coordination from an agency servicing individuals with developmental disabilities?

Other: _____

I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Waterford Police Department Special Needs Registry.

Signature of Registrant: _____ Date: _____

Caregiver or Contact: _____ Date: _____

Relationship to registrant (if any) _____

Please return to the above address Attn: Paul McInerney