



TOWN OF THORNTON, N.H.
POLICE DEPARTMENT

16 MERRILL ACCESS ROAD, THORNTON, NH 03285
Office: 603-726-4222 Fax: 603-726-7632 www.thorntonnhp.org

Good Morning Program
Check Request Form

Name: _____ Telephone Number: _____
Address: _____
Residence Location Reference: _____
Next of Kin: _____
Address: _____ City: _____ State: _____
Phone Number: _____ (____) _____
Relationship: _____

In case of illness or death, please list your personal physician and funeral home preferences:

Physician: _____ Phone Number: _____
Funeral Home: _____ Mayhew _____ Fournier _____ Other: _____
Does anyone have keys or access to your residence? _____
If yes, who? _____ Phone Number: _____

Other miscellaneous important information such as, pets and/or firearms in home, specific needs, health issues, medications, likes/dislikes, caregiver:

If for some reason you do not call in by 10:00 a.m. and your neighbors have not seen you, do you give permission for a Thornton Police Officer or the Campton/Thornton Ambulance Service personnel to enter your home by any means reasonable?

___ Yes ___ No

As a participant in the Good Morning Program, I agree that I will notify the Thornton Police Department by 10:00 a.m. on Tuesday's and Thursday's each week and will also advise them when I will be out of town for any extended period of time. I also agree that in the case of a medical emergency or my death, the police will notify the appropriate personnel.

Signature: _____

Date: _____

