

RESIDENT INFORMATION FORM

STREET ADDRESS				(Office use only)	
CIRCLE ONE: OWN	RENT	FAMILY RENTAL		C-3:	
Alternate Address for Mail:			PRIMARY RESIDENTS		E-FILED:
					E-MAIL:
LAST NAME:	FIRST NAME:				
HOME PHONE:	CELL:	WORK:	EMAIL:		
LAST NAME:	FIRST NAME:				
HOME PHONE:	CELL:	WORK:	EMAIL:		
<input type="checkbox"/> No, I would not like to be included on the KCSA public online directory. (Please check box to the left.) <input type="checkbox"/> Yes, I am registered under the File of Life Program. (Please check box to the left.)					
OTHER HOUSEHOLD MEMBERS W/OPTIONAL BIRTH YEAR:					
1	2	3			
4	5	6			
EMERGENCY CONTACT: NAME _____ PHONE: _____					
RELATIONSHIP: _____ 2ND PHONE: _____					
DOES HOUSE HAVE AN ALARM SYSTEM? YES NO ALARM COMPANY: _____ PHONE #: _____					
PETS: circle one					
DOG	CAT	BREED	COLOR:	NAME:	
DOG	CAT	BREED	COLOR:	NAME:	
NAMES OF FAMILY/GUEST LIST					
1)			6)		
2)			7)		
3)			8)		
4)			9)		
5)			10)		
FAMILY MEDICAL INFORMATION					
This information is optional, but helpful. Please list any medical problems that KMPD should be aware of (i.e. allergies, diabetes, heart problems, etc.)					
Family Member: _____ Condition: _____					
Notes: _____					
Family Member: _____ Condition: _____					
Notes: _____					