



GARDEN CITY POLICE DEPARTMENT
349 Stewart Avenue
Garden City, New York 11530

Kenneth O. Jackson
Police Commissioner
(516) 465-4100
fax (516) 742-3898

Safety and Wellness Program Application

YOUR INFORMATION:

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMERGENCY CONTACT #1:

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

DOES THIS CONTACT HAVE A KEY TO YOUR HOME: _____ YES _____ NO

EMERGENCY CONTACT #2:

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

DOES THIS CONTACT HAVE A KEY TO YOUR HOME: _____ YES _____ NO

EMERGENCY CONTACT #3:

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

DOES THIS CONTACT HAVE A KEY TO YOUR HOME: _____ YES _____ NO

Use the space below to provide information about any special conditions that apply to you. (Examples: On Oxygen, Life Support, Heart History, etc.)

