

POCONO MOUNTAIN REGIONAL



POLICE DEPARTMENT

CHRISTOPHER J. WAGNER
Chief of Police

2454 Route 940
Pocono Summit, Pennsylvania 18346
570-895-2400

Fax:
570-895-2450

Telephone Call-In Information

“Community Policing – We Care”

This program is designed to provide added personal security to the elderly, disabled or ill, who live alone. The Pocono Mountain Regional Police Department will maintain a list of the individuals, emergency numbers, contact persons, key holders and other information. Each day between 8 a.m. and noon., the participating person is to call the Police Department and “check-in” so that the Police know everything is fine and that they are well. If no call is received by noon the Police will call them. If no response is obtained, an Officer will be dispatched to the residence to check on their well being.

INSTRUCTIONS

1. Complete the application in full. Give as much detail as possible. Make sure directions to your residence are clear.
2. Date, print your name and sign the release and Waiver of Liability and Indemnity Agreement.
3. Return the application to:
Pocono Mountain Regional Police Department
2454 Route 940
Pocono Summit, PA 18346

When the application is received by the Police Department, it will be processed and a phone call made to you letting you know if the application is completed correctly. If it is completed correctly, your “check-in” will start.

4. When you receive the phone call that your “check-in” will start, you must phone the Police Department at any one of the following number between 8 a.m. and noon Monday through Friday. The office is closed on Saturday and Sunday.

(570) 895-2400

If you have any questions, please feel free to contact us at the above number.

**Pocono Mountain Regional
Police Department
2454 Route 940
Pocono Summit, PA 18346
(570) 895-2400**

Christopher Wagner
Chief of Police

Telephone Call-In Information

Name _____ Phone No. _____ Date of Birth _____

Address _____

Directions to Your Residence _____

Family Doctor _____ Phone No. _____

Hospital _____

EMERGENCY CONTACTS/KEYHOLDER:

Name _____ Phone No. _____ Keyholder: ___ Yes ___ No

Name _____ Phone No. _____ Keyholder: ___ Yes ___ No

Name _____ Phone No. _____ Keyholder: ___ Yes ___ No

MEDICAL INFORMATION:

Confined to Wheel Chair:- ___ Yes ___ No Heart Condition: ___ Yes ___ No

Other _____

Smoke Detectors: ___ Yes ___ No

Applying For: ___ Permanent ___ Temporary – Give Dates _____

*****Office closed Saturday & Sunday*****

Forms to be returned to Pocono Mountain Regional Police (address above)