



# **Town of Milford**

**POLICE DEPARTMENT**

19 Garden Street  
Milford, NH 03055  
603-249-0630

**Michael J. Viola**  
Chief of Police



## **“GOOD MORNING MILFORD PROGRAM”**

Dear Milford Resident,

The purpose of the “Good Morning Milford Program” is to provide people who live alone a sense of security in knowing that someone is in contact with them on a daily basis and to provide them with help if needed.

It is requested that you call the Police Department each morning between 8:00 AM and 10:00 AM to check in. If the Milford Police Department does not receive a call from you by 10:00 AM, we will call you to make sure everything is all right. If we cannot reach you, we will send a Policeman to your home to check on your well being.

If you are interested in being part of our “Good Morning Milford Program”, please fill out the attached questionnaire and return it to the Police Department. It is very important that you provide us with all the information requested so we can contact the necessary people in the event of an emergency.

Should you have any questions about our program, please feel free to contact the Police Department. You can reach us at 249-0630 ext. 0 everyday between 7:00 AM and 11:00 PM.

Sincerely,  
Chief Michael Viola  
Milford Police Department



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## “Good Morning Milford Program”

Please fill out and return to:

Milford Police Department  
19 Garden Street  
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Description of Home: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Name and Address of Person to Notify in Case of Emergency: \_\_\_\_\_

\_\_\_\_\_

Their Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you an invalid? “Yes” - “No” Please explain if “Yes” \_\_\_\_\_

\_\_\_\_\_

Medications that you are taking: \_\_\_\_\_

\_\_\_\_\_

Your Doctor’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Doctor’s Telephone Number: \_\_\_\_\_