



**OCOEE POLICE DEPARTMENT
COMMUNICATIONS DIVISION
WELL BEING CHECK REQUEST**

**TIME TO BE
CALLED**

Name: _____ Phone Number: _____

Address: _____

Key at: _____

Emergency Contact: _____

Emergency Number: Home _____ Work _____

Vehicles In Driveway: _____

Miscellaneous information, medical problems, pets, etc.: _____

HOLD HARMLESS RELEASE

I, _____, have requested the Ocoee Police Department to contact me daily. In case they do not receive an answer at the phone number listed above, they are hereby given permission to enter this residence to check on my well being.

I hereby waive any claim and totally release from any obligation or responsibility, the City of Ocoee, the Department of Police and/or their agents.

It is understood that I do not hold the City of Ocoee or the Ocoee Police Department responsible for any damages that may occur if they have to forcibly enter my residence.

I agree to call the Ocoee Police Department Communications Division if I am going to be away from home during the time I have requested them to contact me. I understand police work becomes hectic and if I do not hear from the Police Department Communications Division within an hour of the specified time, I am to call the Ocoee Police Department.

Signature: _____ Witness Signature: _____

Date: _____ Witness Name Printed: _____