



# CITY OF BASTROP POLICE DEPARTMENT

## LOVE ONE ASSURANCE PROGRAM

Member Registration Form

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### MEMBER CONTACT INFORMATION

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Contact First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEMBER MEDICAL INFORMATION

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pharmacy of Choice: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail OR Email Completed Form To:**

BASTROP POLICE DEPARTMENT  
104 GRADY TUCK LANE  
BASTROP, TX 78602

**BPDcommunity@cityofbastrop.org**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

### FOR OFFICE USE ONLY

Application Received By: \_\_\_\_\_ on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date to INITIATE Calls: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day(s) to Call:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Date to CANCEL Calls: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Cancellation: \_\_\_\_\_