

**GREENE COUNTY
SHERIFF'S OFFICE**



PETER J. KUSMINSKY
SHERIFF

ADAM M. BRAINARD
UNDERSHERIFF

MICHAEL J. OVERBAUGH
SUPERINTENDENT

370 Mansion Street
W. Coxsackie, NY 12192
Administrative & Law Enforcement Department
Civil Department
518-943-3300 Fax 518-731-2520
Correction Dept. & Jail — 518-943-3300 ext 8014

**KEEP IN TOUCH – SENIOR CALL IN LIST
518 – 731 – 4273**

NAME: _____
PHONE NUMBER: _____
CELL NUMBER: _____
ADDRESS: _____

EMERGENCY CONTACT #1:

NAME: _____
PHONE #: _____

EMERGENCY CONTACT #2:

NAME: _____
PHONE #: _____

KEY HOLDER:

NAME: _____
PHONE #: _____

In the event that law enforcement needs to gain entry into my home, I authorize any and all action to be taken to gain such entry.

Major Medical Precautions

I, _____ would like to provide law enforcement professionals at the Greene County Sheriff's Department with any medical precautionary information which may assist them in the performance of their duties. I understand that giving medical precautionary information is voluntary.

Date - _____

Signature - _____

Major Medical Precautions List

