



**Willow Springs Police Department  
S.A.F.E. Program  
Contact Form and Information**

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Do you have a spare key or lock box that is accessible to emergency personnel? If so, location or combination:** \_\_\_\_\_  
\_\_\_\_\_

**Medical information (Prescribed medications, Allergies, Medical Conditions):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The information provided is totally confidential and is to be used only by the Willow Springs Police Department and emergency services to aide in the care and safety of our community. Please contact the Willow Springs Police Department for further information or if you have any questions at: 708-839-2732.*

**Please return the completed form to the Willow Springs Police Department:  
8255 S. Willow Springs Rd, Willow Springs, IL 60480**