



# **MERRIMACK POLICE DEPARTMENT**

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[www.merrimackpd.org](http://www.merrimackpd.org)

**Mark E. Doyle**

*Chief of Police*

## **Merrimack Police Department**

### **Vial of Life Registration Form**

The below information is requested when you enter the **Vial of Life Program** so the Merrimack Police Department will be able to include your participation to this program in our master file. This information will be given to the Merrimack Fire & Rescue and the Merrimack Ambulance so they are aware when responding to your address that there is a vial present.

**PLEASE PRINT ALL INFORMATION**

<b>Name:</b>	<b>D.O.B.</b>	
<hr/>		
<b>Address:</b>		
<hr/>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<hr/>		
<b>Telephone #:</b>		
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Would you be interested in volunteering some time if the need should arise to help others in dispensing or filling out forms, or assisting in possible updating of information.

YES \_\_\_\_\_

NO \_\_\_\_\_

Verizon

