



**Park County Sheriff's Office**

1402 River View Dr.

Cody, WY. 82414

Phone 307-527-8700 Fax 307-527-8708

Scott A. Steward, Sheriff

**Operation Blue Angel Application**

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Reason for Application:**

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a regular basis.

**Describe your Medical Condition:**

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information (Key Holder):**

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

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

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**Pet Information:**

Dog(s) (Circle) Yes / No

If "Yes" how many and what breeds? \_\_\_\_\_

\_\_\_\_\_

Cat(s) (Circle) Yes / No

If "Yes" how many and what breeds? \_\_\_\_\_

\_\_\_\_\_

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Location of lockbox (INTERNAL USE ONLY):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information to gain entry (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lockbox Code:	Entered in RIMS:	Lockbox Code:	Date Changed:
_____	_____	_____	_____

Lockbox Code:	Date Changed:	Lockbox Code:	Date Changed:
_____	_____	_____	_____

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_____	_____	_____	_____