

# Ottawa County Operation Lifesaver Application

Sponsored By:



Subscriber Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Night Telephone: (\_\_\_\_) \_\_\_\_\_



Person Completing Form: \_\_\_\_\_

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

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

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Night Telephone: (\_\_\_\_) \_\_\_\_\_



Brief statement why you are requesting participation in Project Lifesaver:

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

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Home Visit scheduled for: \_\_\_\_\_  
(date / time)