



Millis Police Department
 1003 Main Street Millis, Massachusetts 02054
 Tel 508-376-5112 Fax 508-376-6220
 www.millispolice.org



C.A.R.E. PROGRAM RELEASE WAIVER

Date: _____

I, _____ currently residing at _____
(PRINT FULL NAME) (RESIDENTIAL ADDRESS)
 give permission to the Millis Police Department to release any and all information related to the care or
 well-being of _____ to other law enforcement agencies and emergency services.
(C.A. R.E PARTICIPANT NAME)

 Signature

 Date

 Officer Signature

 Date