



BROOKVILLE POLICE DEPARTMENT
195 BROOKVILLE ROAD, BROOKVILLE, NY 11545



CENSUS INFORMATION

OWN RENT

OWNER LAST NAME: _____ FIRST: _____

MARRIED: Y / N SPOUSE / PARTNER FIRST NAME: _____

IF RENTING: (RENTERS) LAST NAME: _____ FIRST: _____

MARRIED: Y / N SPOUSE / PARTNER NAME: _____

LOCATION OF PROPERTY: (MAIN HOUSE, COTTAGE, OTHER) _____

(CONTINUE FILLING OUT INFORMATION BELOW WITH YOUR INFORMATION)

ADDRESS: _____ VILLAGE: _____ ZIP: _____

PHONE #: HOME _____ CELL #'S _____

OCCUPATION _____ COMPANY: _____

ADDRESS: _____ WORK# _____

CHILDREN: Y / N HOW MANY: _____ AGES: _____

HOUSEHOLD HELP: Y / N () FULL TIME () PART TIME () LIVE IN

HOUSEHOLD HELP NAME: _____

DOGS: Y / N HOW MANY: _____ BREED(S): _____

DOG(S) NAME(S): _____

OWN FIREARMS: Y / N HOW MANY : _____ HANDGUNS _____ RIFLES

TYPE: () HANDGUN () RIFLE DESCRIPTION: _____

TYPE: () HANDGUN () RIFLE DESCRIPTION: _____

PISTOL PERMIT #: _____ COUNTY OF ISSUANCE: _____

PERMIT TYPE: _____

EMERGENCY CONTACTS:

NAME: _____ CONTACT #: _____

NAME: _____ CONTACT #: _____

MISCELLANEOUS INFO (HEALTH CONDITIONS, HANDICAPS, GATE CODES, ETC):

