



Holliston Police Department

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David J. Gatchell
Lieutenant

John J. Moore
Chief of Police

Craig W. Denman
Lieutenant

C.A.R.E. Program Release Waiver

Date: _____

I, _____ currently residing at _____
(PRINT FULL NAME) (RESIDENTIAL ADDRESS)
give permission to the Holliston 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