



# Harrison County TRIAD/S.A.L.T Council Request Form

Last Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MS Zip code 395 \_\_ County Harrison  
 Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Alt phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Client #1	Client #2
Name _____	Name _____
Date of Birth _____ Age _____	Date of Birth _____ Age _____
Medical / physical limitations? Yes / No	Medical / physical limitations? Yes / No
Are you a veteran? Yes / No	Are you a veteran? Yes / No
Are you a veteran spouse? Yes / No	Are you a veteran spouse? Yes / No
Are you interested in the RUOK Program? Yes / No	Are you interested in the RUOK Program? Yes / No

**\*ALL ITEMS ARE FREE OF CHARGE\***

***PLEASE PLACE AN "X" IN THE BOX TO THE LEFT OF THE ITEMS YOU SELECT.***

- (    ) FILE OF LIFE (one each)
- (    ) EMERGENCY FLASHING BEACON LIGHT
- (    ) REFLECTIVE ADDRESS SIGN
  - (    ) Mailbox (    ) House (    ) Fence (    ) Other (    ) Vertical ↑ (    ) Horizontal ↔
- (    ) Other \_\_\_\_\_

**MAIL FORM TO:**

*Harrison County Sheriff Department  
 ATTN: TRIAD  
 P.O. Box 1480  
 Gulfport, MS 39502*

Volunteer assigned \_\_\_\_\_

Date Items Installed \_\_\_\_\_

Recipients Signature \_\_\_\_\_

*For more information, contact Sergeant Robert Lincoln Community Relations Officer.  
 (228) 896-0614 or [TRIAD@harrisoncountysheriff.com](mailto:TRIAD@harrisoncountysheriff.com)*