

Statement of Understanding

I, \_\_\_\_\_, acknowledge that I have registered to participate in the Carrier Alert Program (the program) under the direction of the City of Bay City jointly endorsed by the United State Postal Service, the National Association of Letter Carriers, and the National Rural Letter Carriers' Association. I understand that my participation in the program will at all times be subject to the following terms and conditions:

1. All information furnished by me may be used by the City of Bay City, including its agents, employees, members, and other representatives, as they deem necessary to carry out the purpose of the program
2. The United States Postal Service, including its agents, employees, and other representatives, may, when there appears to be an accumulation of mail in my mailbox, inform a law enforcement officer for such action as the latter may consider to be appropriate under the program.
3. Whenever I expect to be away more than one day on which mail is delivered, I will inform the Postal Service by means of written notification in my mailbox, and I will cover the Carrier Alert decal insider my mailbox (with tape or by other means) during my absence.
4. Participation in the program by Postal Service employees is a voluntary activity that is undertaken on my behalf and at my request . I understand that there cannot be, and that there is not, a guarantee warranty, promise, or implication that any Postal Service employee (including but not limited to the carrier who normally delivers my mail and any substitute or replacement) will necessarily take a specific course of action under any portion of the program. I also understand that the program is not intended, directly or indirectly, to give me legal rights of any nature or description against any organization or party specified, named, or described elsewhere in this Statement of Understanding and Release of Liability by Registrants in Carrier Alert Program. In consideration of these factors, I hereby release and discharge all such organizations and parties from all actions, suits, judgments, executions , debts, claims, or demands of every kind and nature based on any acts, omissions, or other factors based on, or related to, or arising out of, the program.
5. I may end my participation in the program by providing a written notification in my mailbox at least 30 days prior to termination.

\_\_\_\_\_  
(Signature of Registrant)

\_\_\_\_\_  
(Date)

## Need Utility

## Assistance?

Information and referral to organizations that provide emergency assistance is available from:

211 Northeast Michigan

### What is 2-1-1?

2-1-1 Northeast Michigan is your free, single connection to the hundreds of health and human services available in your community. You get one-call convenience and advice from a trained specialist who directs you to the resources that will serve you best during your time of need.

*If you need help, information is available 24 hours a day, 7 days a week.*

**Dial 1-888-636-4211 toll free**

**Hearing impaired callers dial MI-RELAY at 1-800-649-3777**



# CARRIER ALERT PROGRAM



**Your Letter Carrier wants to help you**

## Carrier Alert

The Carrier Alert program can offer you the comfort of knowing that someone who visits your home regularly can call for help if you need it. This free service has been developed especially for older adults and the homebound—people who may have difficulty reaching vital services because of an accident or sudden illness.

The National Association of Letter Carriers and the United States Postal Service have joined together with a variety of social service agencies to provide a community service to those who are the most isolated members of the community. The City of Bay City invites you to register for this free service so that your Letter Carrier can help you if you need.



## Your Responsibilities

- Check your mailbox and remove your mail daily.
- If you will be away for more than one day, have someone pick up your mail or notify your Letter Carrier. As a reminder, cover the Carrier Alert symbol with paper.
- If you change your emergency contact person, move, or choose to discontinue the Carrier Alert program notify the City of Bay City at (989) 894-8104.



## How to Register

Complete both the registration form and the Statement of Understanding and Release of Liability by Registrants in the Carrier Alert Program.

## How it Works

1. Bay City residents who are disabled or 62 years of age or older may complete the Carrier Alert Registration form and Statement of Understanding.
2. The City of Bay City staff will contact you to verify information, and notify the Postmaster. Participants are known only to the City, the Postmaster, and the Letter Carriers. Your Letter Carrier is then authorized to place a Carrier Alert symbol inside your mailbox:
3. If your Letter Carrier finds an accumulation of mail and you have not covered the Carrier Alert symbol to signal that you will be away for more than one day, or other signs of distress, they will call 9-1-1 and a law enforcement officer will be sent to your home to check on your health and well being.

Carrier Alert Registration Form (Please Print—Additional Card Available by Calling (989) 894-8104)			
<b>RESIDENT INFORMATION</b>			
Last Name:	First:	Middle:	Date of Birth: / /
Mailing address:		Home telephone number:	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you require Life Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any special health problems? (Please specify)			
If so, do you use a walker, cane, or wheelchair? Please circle all that apply.			
Emergency contact name:			
Emergency contact's daytime phone number:		Emergency contact's evening phone number	
Return your application to:			
City of Bay City, Attn: Carrier Alert Program, 301 Washington Avenue, Bay City, MI 48708			