

## Here's how it works

- 1) Bay City residents who are disabled or 62 years of age or older may complete the enclosed registration form and Statement of Understanding. You mail both documents to the City of Bay City, Attn: Carrier Alert Program, 301 Washington Avenue, Bay City, MI 48708.
- 2) The City of Bay City accounts receivable staff will contact you to verify information, and notify the Postmaster of your desire to participate in the program. Participants are known only to the City, the Postmaster, and Letter Carriers. Your Letter Carrier is then authorized to place a Carrier Alert symbol inside your mailbox. This symbol alerts all Letter Carriers to watch for mail accumulation.

**Bay City  
Carrier Alert  
Participant**

Carrier Alert Symbol

- 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 identifies other signs of distress, he or she will call 9-1-1 and a law enforcement officer will be sent to your home to check on your health and well being.



If you wish information about other assistance programs for disabled or special needs persons, please contact:

**American Red Cross  
East Shoreline Chapter  
(989) 892-1541**

**City of Bay City  
(989) 894-8104**

**Michigan Veteran's Trust Fund  
(989) 895-4189**

**Mid-Michigan Community Action Agency  
(989) 894-9060**

**Bay County Division on Aging  
(989) 895-4100**

**Region VII Area Agency on Aging  
(989) 893-4506**

**Society of St. Vincent De Paul  
(989) 893-5772**

**The Salvation Army  
(989) 893-3041 or 893-3043**

**United Way of Bay County  
(989) 893-7508**

*Is there an older adult or person with a disability in your family or neighborhood?*

*Be a friend. Help them register for Carrier Alert.*



## CARRIER ALERT PROGRAM



**Your Letter Carrier wants to help you**

## Carrier Alert – A lifeline to help as close as your mailbox

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 it.



## How to Register for Carrier Alert

Complete **both** the enclosed registration form and the Statement of Understanding and Release of Liability by Registrants in the Carrier Alert Program, and mail to the City of Bay City, Carrier Alert Program, 301 Washington Avenue, Bay City, MI 48708.



## Your Responsibilities

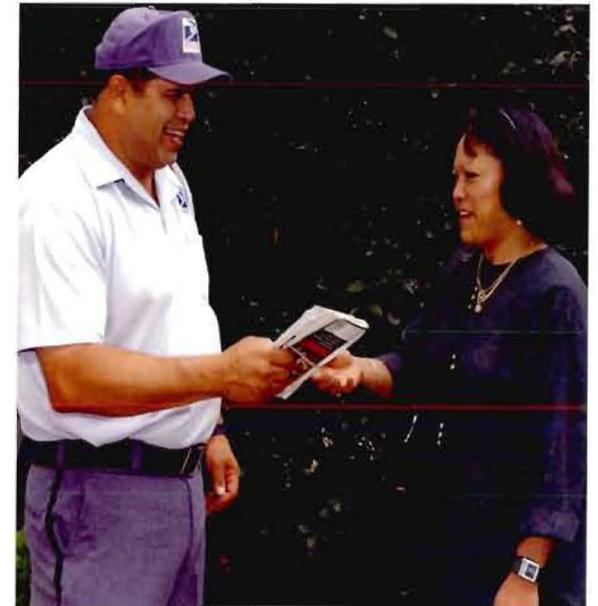
Check your mailbox and remove your mail daily to avoid alarming your Letter Carrier unnecessarily.

Have someone pick up your mail if you know you will be away for more than one day, or notify your Letter Carrier by placing a note in your mailbox. Then as a reminder to the Carrier, cover the Carrier Alert decal with paper.

Notify the City of Bay City at (989) 894-8104 if you change your emergency contact person, move, or choose to discontinue the Carrier Alert program.

If you have any questions about Carrier Alert, please call:

**(989) 894-8104**



# CARRIER ALERT REGISTRATION FORM

(Please Print – Additional Cards Available by Calling (989) 894-8104)

## RESIDENT INFORMATION

Last name:

First:

Middle:

Date of birth:

/ /

Mailing address:

Home telephone number:

Do you have a disability?  Yes  No

Do you require Life Support?  Yes  No

Do you live alone?  Yes  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**

**Statement of Understanding and Release of Liability by Registrants in  
Carrier Alert Program**

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 States 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 inside 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)

**Return with your registration form to:  
City of Bay City, Attn: Carrier Alert Program, 301 Washington Avenue, Bay City, MI 48708**