



# eNeighbor® Installation Form (PERs)

## Resident Information

*\*Required*

\*Name: \_\_\_\_\_ \*Phone: (    )  
Last First

\*Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

\*MAC Address/System ID: \_\_\_\_\_ Is this a Cancellation?  YES  NO Initials: \_\_\_\_\_

\*Provider Name: \_\_\_\_\_ \*Provider Phone: (    )

\*Provider Address: \_\_\_\_\_ \*Provider E-mail: \_\_\_\_\_

## Responder Information

\*Name: \_\_\_\_\_ \* Phone: (    )  
Last First

\*Address: \_\_\_\_\_ \*E-mail Address: \_\_\_\_\_

\*Door Key:  YES  NO \*Portal Access:  YES  NO \*Available Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    )  
Last First

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Door Key:  YES  NO Portal Access:  YES  NO Available Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (    )  
Last First

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Door Key:  YES  NO Portal Access:  YES  NO Available Hours: \_\_\_\_\_

*Healthsense staff and others identified above have authorized portal access and may view and/or edit portal information.*

Local Police Department: \_\_\_\_\_ Phone: (    )

## Signatures

\* \_\_\_\_\_ \* \_\_\_\_\_ \* (    ) \_\_\_\_\_  
Requesting Person's Signature Title Phone Number

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Healthsense Personnel Date Tested