



# Plymouth Police Department Safe Citizens Information Sheet



Name of Person: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Numbers: **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

What Other Organizations have Similar Information: \_\_\_\_\_

Personal Information: Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Scars/Tattoos/Identifying Marks: \_\_\_\_\_  
Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Weight: \_\_\_\_\_  
Methods of Communication: Verbal?: \_\_\_\_\_ Signs?: \_\_\_\_\_ Visuals?: \_\_\_\_\_  
Other: \_\_\_\_\_  
Sensory Issues: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Medical Conditions (other): Sense of Danger: \_\_\_\_\_ Non-Verbal: \_\_\_\_\_ Seizures: \_\_\_\_\_  
Other: \_\_\_\_\_

Allergies (food/other): \_\_\_\_\_

Behaviors that may be Exhibited/Triggers: \_\_\_\_\_

GPS/Tracking Device Info: \_\_\_\_\_

Physician Name, Address, Phone Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Locations the Individual may go: \_\_\_\_\_

Other Important Information (unique phrases, etc.) \_\_\_\_\_

Alternate Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please return this form to the Plymouth Police Department at 201 S Main St, Plymouth, MI 48170. Photographs are not required but will assist emergency personnel in identifying your family member. It is preferred that you provide 3 "headshots" and 3 full body photographs.**

INTERNAL USE ONLY:

Received By:		Copy to PD Binder:		Copy to FD Binder:		Copy to Dispatch:	
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