Clayton Police Department

Assisted Needs Notification Form

Date: _____

Resident's Name: _____ DOB: _____

Description: _____
                         (Gender, Race, Age, Identifying Marks, etc.)

Address: _____

Phone Number: _____Emergency Contact Number: _____

Care Taker Name: _____   Relation: _____
Care Taker Name: _____   Relation: _____

Care Taker Contact Phone Numbers:

Cell: _____ Home: _____ Work: _____

Comments / Special Needs:

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Medical Information:

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