

NEW HARTFORD POLICE DEPARTMENT

Residents with Alzheimer's & Other Memory Disorienting Disorders

Name _____ Nickname _____

Address _____

Telephone _____

Gender M F Age _____

Race _____

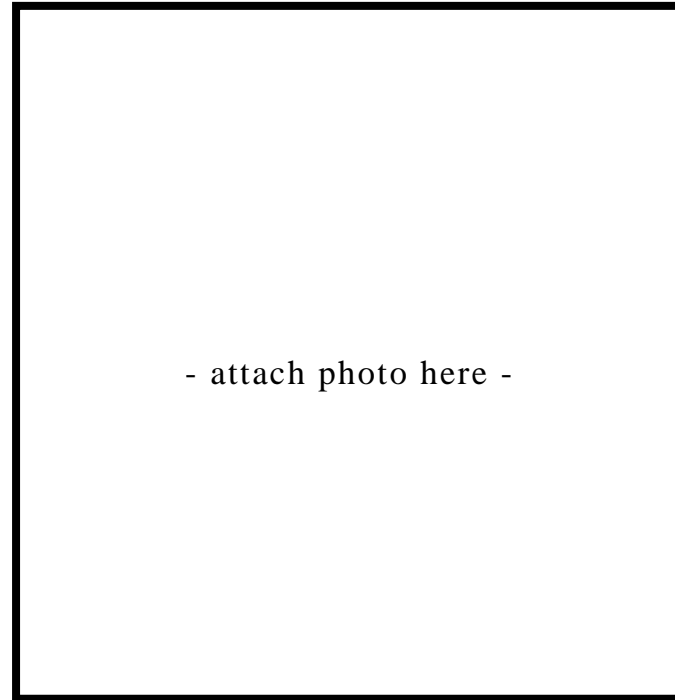
Height _____ Weight _____

Hair Color _____ Eye Color _____

Glasses Y N

Hearing Aid Y N

Distinguishing Feature(s) (birthmarks, scars,
tattoos, etc.)



Fill Out Completely & Attach Photo

Disabilities _____

Language Spoken _____

Allergies _____

Drop Off/Mail To:

**NEW HARTFORD POLICE
DEPARTMENT**

8635 Clinton Street

New Hartford, NY 13413

or email to dls175@newhartfordpd.com