



Plymouth Community Safe Citizens

**Citizen:**

Name: _____

Address: _____

City: Township:

Telephone: _____

Physical Description: Picture Attached: Adult: Juvenile:

Sex: _____ DOB: _____

Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Type of Impairment/Medical Condition: _____

Responsible Person:

Name: _____ Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ Alternate Number: _____

I request that the Police Department keep this on file for future reference to aid in identifying this citizen if they are found/missing. I give the Plymouth/Plymouth Township Police Departments permission to release the above information.

Signature of Responsible Person Date: _____