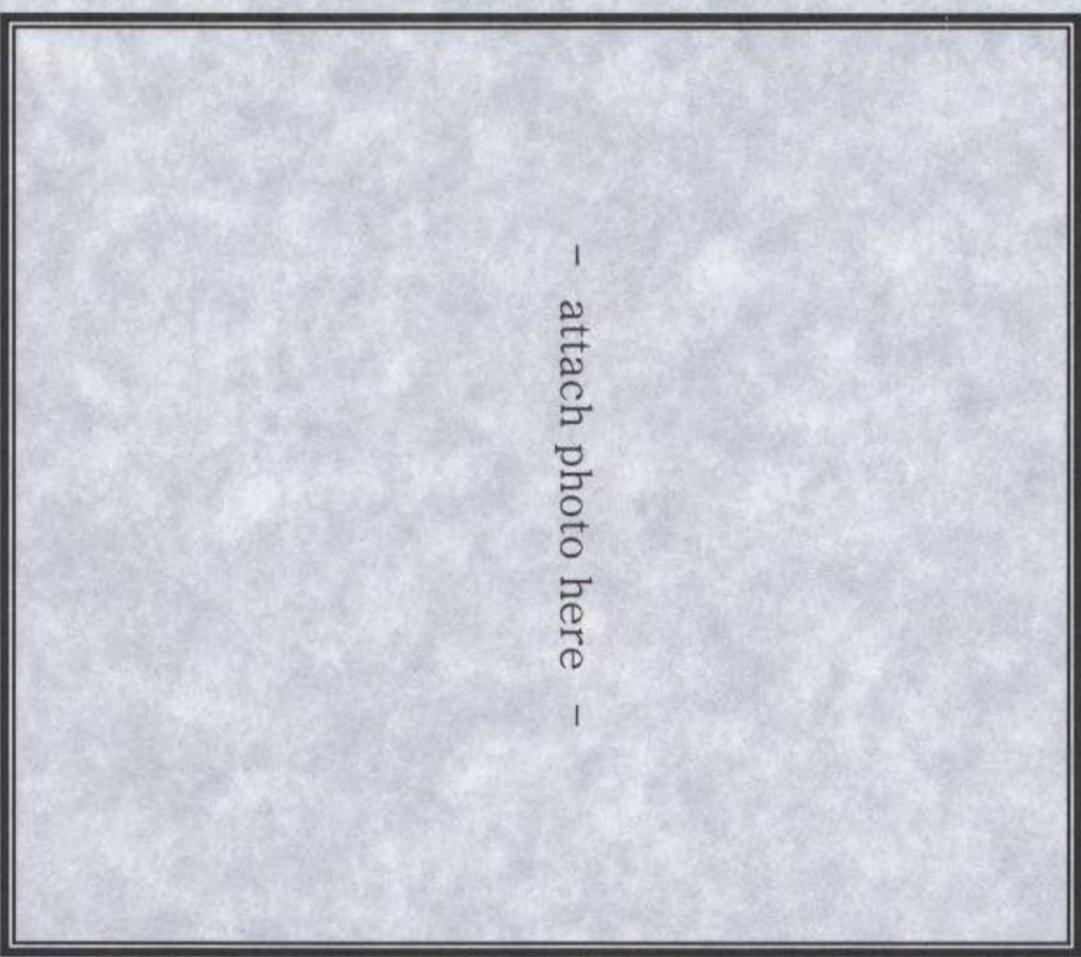


# NEW HARTFORD POLICE DEPARTMENT

*Residents with Alzheimer's &  
Other Memory Disorienting*

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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Disabilities \_\_\_\_\_  
Language Spoken \_\_\_\_\_  
Allergies \_\_\_\_\_



- attach photo here -

*Fill Out Completely & Attach Photo*

Drop Off or Mail To:

**NEW HARTFORD POLICE  
DEPARTMENT**  
32 Kellogg Road  
New Hartford, New York 13413