

**PARK HILLS POLICE DEPARTMENT**  
**"HOME BOUND"**

**REGISTRANT INFORMATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number (OPTIONAL):** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Hair Style:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Facial Hair:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Complexion:** \_\_\_\_\_ **Build:** \_\_\_\_\_ **Teeth:** \_\_\_\_\_

**Language (if Other Than English):** \_\_\_\_\_

**Typical Clothing:** \_\_\_\_\_

**Artificial Parts/Walking Assistance:** \_\_\_\_\_

**Scars/Marks/Tattoo's/Deformities:** \_\_\_\_\_

**Behavior Problems:** \_\_\_\_\_

**Medical Attention Required:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Location of Dental Records:** \_\_\_\_\_

**Location of Doctor/Hospital Records:** \_\_\_\_\_

**Possible Destination(s):** \_\_\_\_\_

**VEHICLE INFORMATION**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Registration State:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_