PARK HILLS POLICE DEPARTMENT
"HOME BOUND"

PHOTO OF REGISTRANT

Entered Into N.C.I.C. **YES** **NO**

If Yes List Date / Time / Location:_____

Is The Registrant Entered In The Alzheimer's Association "Project Safe Return" Program

YES **NO**

Is The Registrant Wearing An Alzheimer's Association Identification Bracelet / Necklace

YES **NO**

Is The Registrant In Possession of Some Type of Personal Identification

YES **NO**

Date of Registration:_____