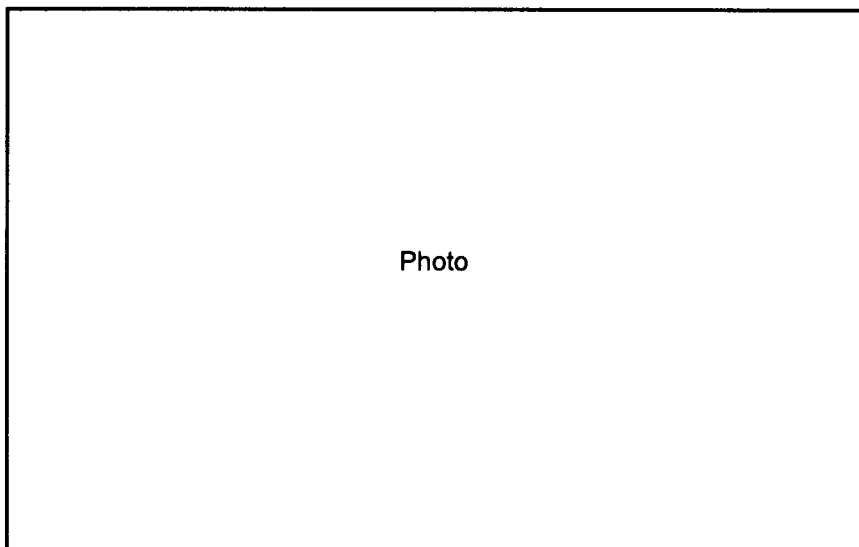


Lodi Police Department  
Safe Return Program



**Registrant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Floor \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Telephone # \_\_\_\_\_ Social Security \_\_\_\_\_ DOB \_\_\_\_\_

**Physical Description**

Gender \_\_\_\_\_ Race \_\_\_\_\_ Complexion \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Language(s) \_\_\_\_\_  
Scars, Marks or Tattoo's and Location \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Critical Medications \_\_\_\_\_  
ID Bracelet ? \_\_\_\_\_ Other Information \_\_\_\_\_

**Contact Information**

1.Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Pager \_\_\_\_\_

2.Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Local Police Department \_\_\_\_\_ Telephone # \_\_\_\_\_  
Completed By : \_\_\_\_\_ Received Officer \_\_\_\_\_