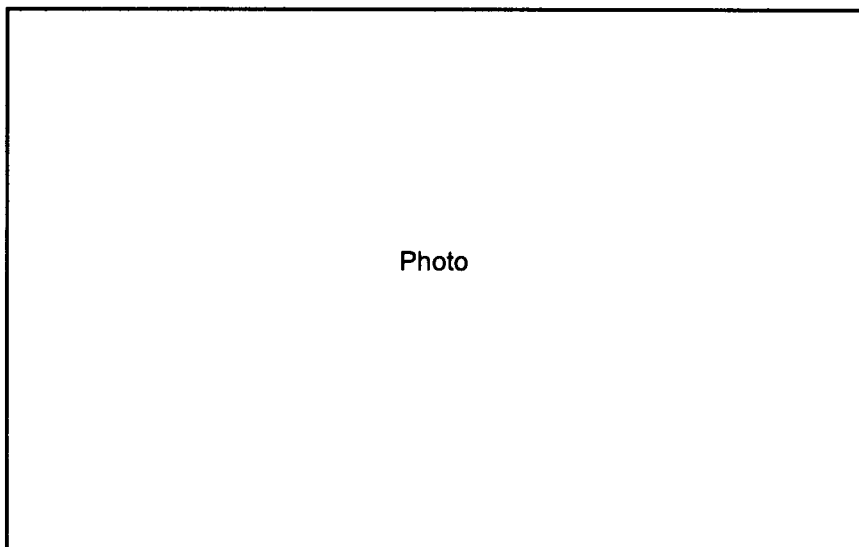


Lodi Police Department
Safe Return Program



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 _____