

**Hollis Police Department  
9 Silver Lake Road  
Hollis, NH 03049  
603-465-7637**

**Name:** \_\_\_\_\_ **Date of Birth (DOB):** \_\_\_\_\_

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

**Phone number (home and cell):** \_\_\_\_\_

**School:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye color:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Scars or tattoos:** \_\_\_\_\_

**Any special descriptions:** \_\_\_\_\_

**Name of parents or other primary care providers:** \_\_\_\_\_

**Names and DOB:** \_\_\_\_\_

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

**Phone number (home and cell):** \_\_\_\_\_

**Call following phone numbers in the order listed of someone they know:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Digital picture taken or provided:** ☐ Yes ☐ No **Age in photo:** \_\_\_\_\_

**Describe any disabilities or mental conditions:** \_\_\_\_\_

**Location where they would go:** \_\_\_\_\_

**Is this person likely to run away from the Responder?** ☐ Yes ☐ No

**Calming Techniques:** \_\_\_\_\_

**Sensory Issues: Seeks-** \_\_\_\_\_

**Avoids-** \_\_\_\_\_

**Date & Time reported to Officer:** \_\_\_\_\_

**Keep a copy of this information in your car, in your home and send to your local emergency services, schools, family and friends.**