

LAKE PLACID POLICE DEPARTMENT
VULNERABLE RESIDENT REGISTRATION

VULNERABLE PERSON

DATE _____

RESIDENT'S NAME _____

RESIDENT'S ADDRESS _____

RESIDENT'S TELEPHONE (S) _____

RESIDENT'S AGE _____ RESIDENT'S SEX _____ RESIDENT'S RACE _____

RESIDENT'S AUTOMOBILE(S)

SPECIAL VULNERABILITIES

GUARDIAN / NEXT OF KIN / REGISTRANT

REGISTERED BY _____

NEXT OF KIN (1) _____

CONTACT NUMBERS / ADDRESS / EMAIL _____

NEXT OF KIN (2) _____

CONTACT NUMBERS / ADDRESS / EMAIL _____
