



Davison Township Police Department
Jay M. Rendon, Chief of Police

Vulnerable Persons Alert Form

Complete the form, affix a recent photograph, and return to the Davison Township Police Department

Name: _____

Lives With: _____

Relationship to Subject: _____

Street Address: _____

(City)

(State)

(Zip)

Affix Recent Photograph

Subject Information

Date of Birth: _____ Age: _____

Height: _____ Weight: _____

Glasses: _____ Eye Color: _____

Hair Color: _____ Phone #: _____

Identifying Scars or Marks: _____

Medical Conditions: _____

Medications: _____

1280 N. Irish Road, Davison, MI 48423
Phone: (810)653-5656 Fax: (810)653-4564



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Local Contact Person: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Street Address: _____

_____ (City) _____ (State) _____ (Zip)

Does Subject Attend Day Care? _____

If Yes, the Location? _____

Subject's Physician: _____ Telephone: _____

Habits

Does Subject Wander? ___ Yes ___ No

If So, In Any Particular Direction or Place? _____

Does Subject Carry Identification (i.e. ID Bracelet, Wallet)? _____

What Language Does the Subject Speak? _____

Individual Habits/Speech Problem or Pattern? _____

Is Subject Abusive? If So, Physically and/or Verbally? _____

Any Other Helpful Comments? Please Use the Back or a New Page for Any Additional Details
Below, Please Include Vehicle Info Such as Make, Model, Color, License Plate (On-Star or Tracker)

Form Submitted By: _____ Email Address: _____

Date Submitted: _____