



# Plymouth Community Safe Citizens

**Citizen:**

Name: \_\_\_\_\_

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

City:  Township: 

Telephone: \_\_\_\_\_

**Physical Description:** Picture Attached:  Adult:  Juvenile: 

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Type of Impairment/Medical Condition: \_\_\_\_\_

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**Responsible Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

I request that the Police Department keep this on file for future reference to aid in identifying this citizen if they are found/missing. I give the Plymouth/Plymouth Township Police Departments permission to release the above information.

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**Signature of Responsible Person** Date: \_\_\_\_\_