CLOSTER POLICE DEPARTMENT

295 Closter Dock Road
Closter NJ 07624
201-768-5000
cbarbieri@closterpolice.org

Special Needs Registry Form

New Form ☐ Update Form ☐

Person with Special Needs-Information

The information below is for the person with special needs only.

Last Name: First Name:

Address:

Phone Number: H: C:

W: O:

Gender: M: ☐ F: ☐

Date of Birth:

Height:

Weight:

Hair Color:

Eye Color:

Type of disability/special need:

Employer/School:

Phone & Address:

Language(s) Spoken:

Other methods of Communication:

Identification worn/available:

Location/Attraction person may frequent:

Friend(s)/Acquaintance(s):

Address/Phone # for above:

Best method of approach/de-escalation techniques:

Life-threatening medical concerns:

Any other relevant information:

YOUR CONTACT INFORMATION:

Last name: First name:

Date of Birth:

Phone Number: H: C:

W: O:

Relationship:

Address:

Work Address:

SECONDARY CONTACT INFORMATION:

Last name: First name:

Date of Birth:

Phone Number: H: C:

W: O:

Relationship:

Address:

Work Address:

HOW TO SUBMIT A PHOTO:

1) ATTACH PHOTO BY CLICKING THE GRAY BOX (PHOTO MUST BE IN THE FORM OF A PDF FILE FOR THIS TO WORK)

2) EMAIL THE IMAGE FILE SEPARATELY TO CBARBIERI@CLOSTERPOLICE.ORG

3) DROP OFF A PHOTO AT THE CLOSTER POLICE DEPARTMENT

4) SCHEDULE AN APPOINTMENT TO HAVE THE PHOTOGRAPH TAKEN AT THE CLOSTER POLICE DEPARTMENT

ATTACH PHOTO HERE

*** IT IS YOUR RESPONSIBILITY TO UPDATE THE PICTURE/INFORMATION AS NEEDED ***

SUBMIT FORM