

Bedford Police Department Special Needs Awareness Renewal Form



Name of Individual with Special Need _____

Address _____ City/State _____

Date of Birth _____ Age at time of photo _____

Name of Parents/Other Primary Care Provider _____

Parent Email Address _____

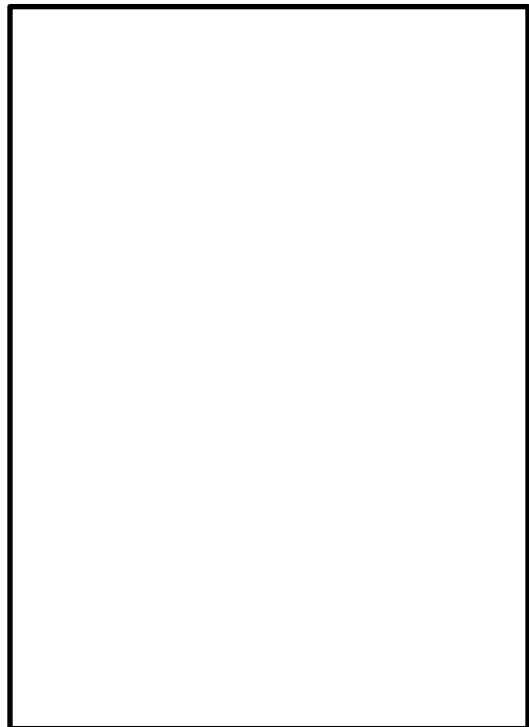
Current Physical Description:

Height _____ Weight _____ Hair Color _____ Eye Color _____

Call the following phone numbers in the order listed to connect the individual with someone they know:

(attach updated photo below)

Names (parents list yourself)	Phone #
1. _____	_____
2. _____	_____
3. _____	_____



Any new info we should be aware of?

Please mail completed Renewal Form along with updated photograph to:

**Bedford Police Department
Attn: N. Malley
55 Constitution Drive
Bedford, NH 03110**

OR, email a scanned copy of this form with an attached photo, to: nmalley@bedfordnh.org

For Police Use Only: Date Received: _____

Special Needs Awareness Form Rev. 7/2014