



# Town of Rockport

## PERSON AT RISK FILE

### A POLICE DEPARTMENT REGISTRY TO ASSIST PERSONS AT RISK

Instructions: Complete form, affix photograph and return to: Rockport Police Department  
 168 Main Street  
 Rockport, MA 01966  
 Attn : Special Officer Roger Lesch

Last Name		First Name		MI	For use by the Police Department Only		
					MN#		
<b>Personal Description</b>			<b>Affix Recent Photo Here</b>				
Date of Birth							
Race & Sex	Race	Sex					
Height							
Weight							
Hair Color							
Eye Color							
Scars/Marks							
Glasses							
Facial Hair							
<b>Important Address Information</b>							
Home							
	Phone #:						
Work							
	Phone #:						
School							
	Phone #:						
<b>Emergency Contacts</b>							
AT HOME - Name		Relationship		Phone			
Address							
AT WORK - Name		Relationship		Phone			
Address							
Name		Relationship		Phone			
Address							
<b>HIDE A KEY LOCATION</b>							

**AT RISK INFORMATION****Medical Condition:**

Physician

Phone

Address

Current Medications:

**Does person drive?** YES  NO  **If a vehicle is being used, please describe below:**

Plate #

Make

Model

Year

Color

**Does person speak?** YES  NO  If not, how does person communicate?**Does person wander?** YES  NO  If yes, to where?**Describe medical alert ID, if worn:****Additional information that will help identify the risk or assist an officer to find, communicate with, or care for person. If necessary, attach a separate sheet.****RELEASE**

I, \_\_\_\_\_, give my permission to the **Rockport Police Department** to retain this information, to be kept confidentially on file for the purpose of identification and assistance relative to people at risk and related investigative activities.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Status update: \_\_\_\_\_

**If you have any questions or concerns, please call the Rockport Police Department at (978) 546-1212 and ask to speak with Special Officer Roger Lesch or the Desk Officer.**

