



# Melrose Alert - Registration Form

For information, please call 781-665-4304

A collaboration between the Melrose Police Department and the Melrose Council on Aging to protect residents with serious cognitive impairments.

Name of Potential Wanderer			
Date of Birth		SS# (optional)	
Primary Address			
Primary Telephone		Secondary Telephone	
Gender		Height	
Build		Race	
Hair Color	Hair Style	Facial Hair & Style (beard, etc.)	Length of Facial Hair
Eye Color	Eye Glasses	Eye Glass Style	Contact Lenses

## ABOUT YOU

Name of Reporting Party		Relationship to the Applicant	
Primary telephone number	Secondary telephone number	Email	
Address of Reporting Party			
Signature of Reporting Party		Today's Date	

Submit completed registration form to the Melrose Police Department in person or by mail to: 56 West Foster Street, Melrose, MA 02176