

FORMER ADDRESSES/"HANG OUTS" (Tell us about your Loved One)

DOES YOUR LOVED ONE HAVE ACCESS TO A VEHICLE, OR ALTERNATIVE MODE OF TRANSPORTATION?

If so, please provide the any pertinent information (Make, Model, Year, Color, License Plate#):

I (signer) authorize the release of the aforementioned information to the Canton Police Department and the members thereof to hold for use in the event of an emergency to assist in locating the aforementioned individual should they wander, become lost, or missing. I understand that the use of such information will be for professional purposes only and may be distributed to other town employees/agents who may be utilized in an emergency search/rescue operation. I also understand that some descriptive information may be released to the press if deemed appropriate by police personnel to assist in safely located said person. I agree to hold harmless all Town of Canton Employees and agents thereof who utilize the aforementioned released information in the course of their professional duties.

Name _____ **Signature** _____ **Date** _____

Witness _____ **Signature** _____ **Date** _____