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	
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Call the following phone numbers in the order listed to connect the individual with someone they know: Names (parents list yourself) Phone # 1	(attach updated photo below)
Please mail completed Renewal Form along with update	d 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