

Commonwealth of Massachusetts  
**TOWN OF FAIRHAVEN**  
POLICE DEPARTMENT  
Michael J. Myers  
Chief of Police  
1 Bryant Lane Fairhaven, MA 02719  
Phone 508-997-7421 Fax 508-997-3147  
[www.fairhavenpolice.org](http://www.fairhavenpolice.org)

RESIDENT KNOWN TO WANDER  
Information form (please print legibly)

\_\_\_\_\_

First name Last name Date of Birth

\_\_\_\_\_ Fairhaven, MA

Home address

\_\_\_\_\_

height weight hair color eye color

\_\_\_\_\_

home phone cell phone Other names they may answer to

Places/ areas of interest to this party: (where they grew up, park/ playground, favorite store)

\_\_\_\_\_

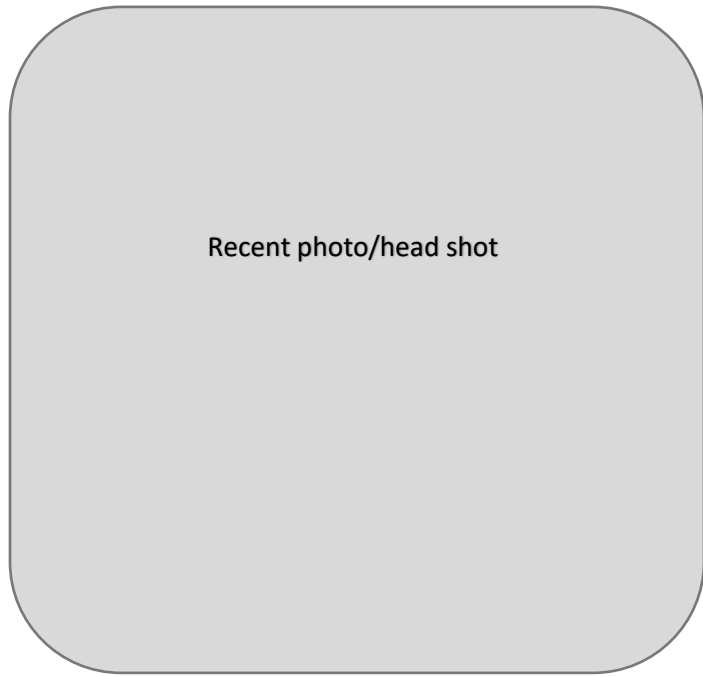
\_\_\_\_\_

Items/ Interests that will comfort them in crisis: \_\_\_\_\_

Do they have a tracking device? YES/ NO

Primary Caretaker: \_\_\_\_\_ contact number: \_\_\_\_\_

Alternate Caretaker: \_\_\_\_\_ contact number: \_\_\_\_\_



I, \_\_\_\_\_, give permission to the **Fairhaven Police Department** to retain this information to be kept on file for the purposes of identification and the assistance relative to identification of the “known to wander” resident and for use of this information if locating said person is needed.

I understand that this information should be updated annually and I will notify the Fairhaven Police Department if there is a change to the housing location of this person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

Additional information that may assist law enforcement personnel in locating this resident if he/ she should become lost is listed below:

---

---

---

---

---

---

---

---