

Lynn Haven Police Department
Operation Take Me Home

NAME: _____ NICKNAME(S): _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

RACE: _____ SEX: _____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____

IDENTIFYING FEATURES/ TATTOOS: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK/SCHOOL: _____

PARENT/ CAREGIVER NAME (IF APPLICABLE): _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____ WORK: _____

KNOWN MEDICAL CONDITIONS (IF APPLICABLE): _____

FAVORITE LOCATIONS TO GO TO: _____

VEHICLE DESCRIPTION AND TAG NUMBER (IF APPLICABLE): _____

ANY ADDITIONAL COMMENTS DEEMED NECESSARY SUCH AS HABITS, PATTERNS, OR FEARS: _____

Please Deliver Completed form and a minimum of one recent photograph to the Lynn Haven
Police Department or Email to kanglin@cityoflynnhaven.com