



Mountain Brook Police Department

101 Tibbett Street, Mountain Brook, AL 35213

Tel: (205)802-2414 Fax: (205)802-2415

Special Needs Alert Program (SNAP)

All field marked with * are required and must be filled

Special Needs Alert Program (SNAP) *

New Alert Updated Alert An updated photo of the Registrant is attached

Registrant*

Last Name:* _____ First Name:* _____

Nickname (if applicable): _____ DOB:* _____

Height:* _____ Weight:* _____ Gender:* _____

Hair Color: * _____ Eye Color:* _____ Race:* _____

Street Address:* _____ City:* _____

State:* _____ Zip Code:* _____

Place of School/Work:* _____

Responsible Party/Primary Emergency Contact*

Last Name:* _____ First Name:* _____

Street Address:* _____ City:* _____

State:* _____ Zip Code:* _____

Phone Number:* _____ Phone Type:* _____

Phone Number: _____ Phone Type: _____

Email:* _____ Relation:* _____

Place of School/Work:* _____

Secondary Emergency Contact

Last Name:* _____ First Name:* _____

Street Address:* _____ City:* _____

State:* _____ Zip Code:* _____

Phone Number:* _____ Phone Type:* _____

Phone Number: _____ Phone Type: _____

Email:* _____ Relation:* _____

Place of School/Work:* _____

Special Needs — Please complete as applicable or leave blank:*

Is there a special interest that the Registrant is drawn to? (For example: trains, water, woods, parks, malls, traffic, etc.)

Has the Registrant ever run away or been reported missing? If so, where was he/she found?

Is the Registrant verbal or non-verbal? Please explain in detail.

Does the Registrant fear Police, Fire-EMS personnel, or emergency vehicles to include triggers such as lights, sirens, loud radio noises, etc?

Please name any other caregivers, parents, grandparents, or other family members involved in the Registrant's life:

If the Registrant becomes confrontational, how could Officers or Fire-EMS personnel calm them without your presence?

Please explain in detail any other information that we may need to know that might assist us in caring for the Registrant:

Release Waiver

I, _____ hereby give permission to the Mountain Brook Police Department to release any and all pertinent information related to the care or well-being of the Registrant. I realize this information may be released to other agencies via official communication channels such as Fire Departments, Emergency Medical Services, and other Law Enforcement Agencies. I am willing to allow the Mountain Brook Police Department to place the address of the Registrant and the information pertaining to their needs into their respective systems to insure that officers are better prepared to handle any situation. I consent to a digital signature of this document.

Print Name: _____

Signature: _____

Date: _____