CITRUS COUNTY SHERIFF'S OFFICE
A Nationally Accredited Law Enforcement Agency

SHERIFF
MIKE PRENDERGAST

Citrus County Sheriff's Office
Special Persons Registration Form

This form is designed to record information that will be placed into the Citrus County Sheriff's Office Computer Aided Dispatch (CAD) System as an 'Alert' to better assist those in preparing or responding to Calls for Service when dealing with persons with special needs.

Persons Information:

First Name:

Middle Name:

Nick Name:

Last Name:

Street Address:

City:

ZIP:

Subdivision:

Date of Birth: / /

Race: Sex:

Height: ft. inches Weight: pounds

Eye Color: Hair Color:

Facial Hair:

Primary Dexterity: (circle) Right Left

Scars / Marks / Tattoos:

Type of Condition:
i.e. Dementia or Autisim

Any known triggers:

Does the person have a cell phone typically with them? ☐ YES ☐ NO

What is the phone number? (☐☐☐) ☐☐☐ - ☐☐☐☐

Who is the provider phone company? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Does the person have a scent kit completed? ☐ YES ☐ NO

If yes, where is the scent kit located? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Caregiver / Emergency Contact Information:

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Primary Contact #: (☐☐☐) ☐☐☐ - ☐☐☐☐

Secondary Contact #: (☐☐☐) ☐☐☐ - ☐☐☐☐

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Primary Contact #: (☐☐☐) ☐☐☐ - ☐☐☐☐

Secondary Contact #: (☐☐☐) ☐☐☐ - ☐☐☐☐

Form Completed By:

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone Number: (☐☐☐) ☐☐☐ - ☐☐☐☐

Date: ☐☐ / ☐☐ / ☐☐☐☐

Lock Box: Yes ☐ No ☐

Lock Box Combination: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

You may email this completed form to PublicRecords@sheriffcitrus.org or you can print the form and mail to:

Citrus County Sheriff's Office
1 Dr. Martin Luther King Jr. Ave.
Inverness, FL 34450