



Independence Police Department

Special Needs/Intellectual Disability Identification Form

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Condition/Special need(s): _____

Alerts: _____

Sex: _____

Race: _____

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Guardian/Contact Name: _____

Guardian/Contact Relationship: _____

Guardian/Contact Phone or Other Info: _____

Please provide a picture for visual comparison should we need to confirm identity.

Please email completed form and picture of the special needs individual to Sergeants@cityofindependence.org.

