



CAPITOLA POLICE DEPARTMENT WANDER/ELDERLY ALERT

The information you provide will be placed in a log and accessible to our police officers should your loved one wander, be in need of a home check, or be located.

If you have the ability to attach a photograph, please do so. You may also fax the form to 831-479-8881, however please do not fax photographs. You may mail the information, or deliver it in person to the Capitola Police Department, 422 Capitola Avenue, Capitola, CA 95010.

Circle all that apply:

Wanderer Alzheimer's Dementia Diabetic Elderly

Other diagnosed Mental Illness *(please describe if applicable)*

Name: _____ DOB: _____

Their address: _____

Their primary care physician's name & number: _____

Your name: _____ Your Phone #: _____

Your relationship to above mentioned person: _____

Your address: _____

Any other information you wish to share: _____
