



# City of Bellaire

## POLICE DEPARTMENT

5110 Jessamine Street, Bellaire, Texas 77401  
P 713.668.0487 | F 713.662.8289  
[www.bellairepolice.com](http://www.bellairepolice.com)

Byron Holloway  
Chief of Police  
Onesimo Lopez  
Assistant Chief  
Lt. Greg Bartlett  
Support Services  
Lt. Jeff Cotton  
Patrol Division  
Lt. Russell Brown  
Information Services

Please fill out the application completely. More complete information will enable the department to issue an accurate alert and increase the chances of return. Please bring a recent photograph and this form to the Bellaire Police Department. If you do not have a recent photo, one can be taken at the station.

Participant Information - Please provide the following information on the person participating in the program.

Last Name:  First Name:  Middle Name:

Nickname or Alias:  Date of Birth:  DL/ID No.:

Address:  Apt/Unit #:

CITY:  ZIP:

Home Phone:  Cell Number:

Glasses:  Yes  
 No

Age:  Race:

Sex:  Male  
 Female

Height:  Wgt:  Hair:

Eye:

Skin Tone:  Ethnicity:

Facial Hair:  Yes  
 No

Language:

Scars/  
Marks/  
Tattoos:  Location:

Scars/  
Marks/  
Tattoos:  Location:

Scars/  
Marks/  
Tattoos:

Location:

List favorite attractions or locations where the individual may be found in the space provided:

List favorite toys, idols, topics of discussion, likes/dislikes in the space provided:

### Medical Information

Does the individual have a diagnosis of mental impairment?

- Yes
- No

Is the caregiver able to provide physician documentation of mental impairment?

- Yes
- No

List all medical conditions as well as any diagnosis of mental impairment:

List prescribed medications:

List drug or other known allergies:

### Education

School   
Attending/Attended:

N/A:

Address:

City:

ZIP:

Phone:  Grade:

CITY:

STATE:  ZIP CODE:

Emergency Contact Information - Please provide the following for parent/guardian/caregiver. Include at least one alternate contact.

Last Name:  First Name:  Cell Number:

Address:  Apt/Unit #:

City:  ZIP:

Relation:  Driver's License #:

Alternate Contact 1 Check here if you are the person filling out this form:

Last Name:  First Name:  Cell Number:

Address:  Apt/Unit #:

City:  ZIP:

Relation:  Driver's License #:

Alternate Contact 2

Last Name:  First Name:  Cell Number:

Address:  Apt/Unit #:

City:  ZIP:

Relation:  Driver's License #:

### Acknowledgement and Hold-Harmless

I, the undersigned, for and in consideration of being extended the opportunity to participate as an Applicant/Caregiver in the "Home Safe Bellaire" Program (hereinafter, "Program") facilitated by the Bellaire Police Department (hereinafter, "Department"), give the City of Bellaire (hereinafter, "City"), the Department, and its representatives permission to disseminate information included in this application, and/or acquired through the investigation of a missing person, as deemed necessary to locate the Applicant in the event he/she is reported missing or endangered in any way that requires law enforcement assistance.

[Type here]

I understand that Applicant and/or Caregiver personal information may be disseminated to other public safety agencies, media outlets, volunteer organizations, and the general public in the course of law enforcement providing assistance finding Applicant, and I will not hold the City, the Department, or their representatives liable for any misuse of said personal information. I hereby do assume all risks of injury to Applicant and/or Caregiver arising out of or in any way incident to the above mentioned dissemination of information; that I have read Program information, and with this knowledge I assume whatever risk such Program participation may cause to my person or to a person under my care; and I am free of any condition or limitations which would hamper my ability to participate in said Program.

I, the undersigned, for the above-mentioned consideration have covenanted and hereby do covenant never to sue or bring any legal or equitable action in any court whatsoever against the City for any such injury. I further release the City and any officer or employee of the City from any claim whatsoever on account of any services rendered to me as a result of my participation in the aforementioned Program. I hereby assume responsibility for all costs incurred by said participation.

I further understand that I may submit a written request that Applicant's "Home Safe Bellaire" designation be removed from Department records at any time, and I further understand that this removal will be conducted in compliance with any relevant law relating to records retention or other legal obligations held by the City.

Printed Name:

Date:

Signature

E-mail

\*\*\*\*\* OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

Received by:

Date Received:

Photo Received

Added to CAD

Date Entered: