



Blackfeet Law Enforcement Services Attempt to Locate a Person

ATL/Missing Person ATL/Welfare Check:

Time Received: _____ Date: _____ Received By: _____

Name: _____ AKA: _____

Parents/Guardians (If Juvenile): _____

Guardians Address: _____ Phone #: _____

Sex: _____ Age: _____ DOB: _____ Eyes: _____ Height: _____ Weight: _____

Hair: _____ Length of Hair: _____ Complexion: _____ Build: _____

Description of Clothing: _____

People last seen with or would go see? 1) _____ 2) _____

3) _____ 4) _____ 5) _____

Vehicle License: _____ State: _____ Year: _____ Make: _____

Model: _____ Color: (s) _____ Tinted Windows? Yes No

Registered owner (s) of Vehicle: 1) _____ 2) _____

Any other Information?

If located, Contact: _____ Phone: _____

Contact: _____ Phone: _____

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Cancelled: Yes _____ No _____ Date: _____ Time: _____

Cancelled By: _____

Relationship _____

Received By: _____ Date: _____

Other Agencies Advised: _____