



MICHAEL A. ADKINSON, JR., SHERIFF
Office of the Sheriff, Walton County

HANDLE WITH CARE

Please complete this form for each member of your household that requires any special needs or any attention and return to the Walton County Sheriff's Office or e-mail to handlewithcare@waltonso.org

Today's Date: _____
Name of Person Completing Form: _____
Phone Number or E-mail: _____
Full Name: _____ Street Address: _____
City: _____ State: _____ Zipcode: _____
Date of Birth: _____ Age: _____ Door or Gate Codes: _____
Home Phone # _____ Cell Phone # _____ E-mail: _____

Emergency Contact Name: _____ Emergency Contact Number: _____
Emergency Contact Name: _____ Emergency Contact Number: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____ Tag# _____ Tag State: _____

Physical Description

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Please list below any special Physical, Behavioral, or Psychological needs.

Please allow three business days for contact by Sheriff's Office personnel. Walton County Sheriff's Office complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and it's amendments. All information received on this form will be kept private and not for public use. If you have any questions please call the Sheriff's Office at 850-892-8186.

Internal Use Only

Date Received: _____ Received By: _____

Date Contacted Citizen: _____ Signature: _____

Notes: