



PROJECT LIFESAVER

Client Update



CLIENT INFORMATION

PLS Client Name: _____

PLS Client Address: _____

City, State, Zip _____

(Name of Facility – if applicable) _____

Phone #s: _____
Cell _____ Home or Alt. Phone # _____

RACE:	SEX: M F	HEIGHT:	WEIGHT:
HAIR COLOR:	EYE COLOR:	DOB:	AGE:

EMERGENCY CONTACT INFORMATION

☐ PRIMARY ☐ SECONDARY

NAME	RELATIONSHIP TO CLIENT
CELL PHONE NUMBER	HOME OR ALT PHONE #
EMAIL	
PHYSICAL ADDRESS	
(CITY STATE, ZIP)	

EMERGENCY CONTACT INFORMATION

☐ PRIMARY ☐ SECONDARY

NAME	RELATIONSHIP TO CLIENT
CELL PHONE NUMBER	HOME OR ALT PHONE #
EMAIL	
PHYSICAL ADDRESS	
(CITY STATE, ZIP)	

PLS CLIENT UPDATE (to be completed by PLS Rep)

DATE: _____

<input type="checkbox"/> New Client	Frequency # _____
<input type="checkbox"/> Client update	See above circled information
<input type="checkbox"/> Frequency Change	NEW _____ OLD _____
<input type="checkbox"/> Remove Client	Reason: _____
<input type="checkbox"/> Transmitter Type	<input type="checkbox"/> 60-day <input type="checkbox"/> 30-day <input type="checkbox"/> 2-pin

NOTES:

Form ECC Supervisor

Name/Deputy: _____ Date: _____

ECC Entered into CAD: _____ Entered by: _____
Date Name

**Please return a copy of this completed form to CRIME PREVENTION after entry in CAD*

**Dispatch
Complete**