MOUNTAINSIDE BOROUGH POLICE DEPARTMENT

Operation Blue Angel
APPLICATION

Last Name: _____ First Name: _____

Home Address:

_____

Home Phone: _____ Other Phone #: _____

Date of Birth: _____

REASON FOR APPLICATION:

☐ I am 55 years of age or older and I live alone or am alone on a frequent basis.

☐ I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ Doctor's Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____

Relationship: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

LIVING WILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes ☐ No ☐

If yes, where is it located? _____

PET INFORMATION:

Dog(s) Yes ☐ No ☐ If yes, how many and what breeds?
_____

Cat(s) Yes ☐ No ☐ If yes, how many? _____

Do you have a duplicate key? Yes ☐ No ☐

Location: (INTERNAL USE ONLY)

_____

_____

_____

Lockbox Serial Number:	Key Door Code:	Shackle Code:	Date Entered in CAD:
_____	_____	_____	_____

NOTE(S): _____

Please return completed applications to:

Mountainside Borough Police Department
1385 Route #22
Mountainside, New Jersey 07092

Attention: Sergeant Michael Jackson