



PISCATAWAY POLICE DEPARTMENT
TOWNSHIP OF PISCATAWAY
555 SIDNEY ROAD
PISCATAWAY, NEW JERSEY 08854
(732) 562-2300 Emergency Dial 9-1-1

DATE: _____

Operation Blue Angel Application

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Home Address: _____

City: _____ **State:** _____ **Home Phone #:** _____

Other Phone #: _____

REASON FOR APPLICATION

_____ I am 85 years of age or older and live alone

_____ I am 60 years of age or order, live alone and have a medical condition that is potentially incapacitating

_____ I am 60 years of age or older, alone on a frequent basis and have a medical condition that is potentially incapacitating

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ **Phone Number:** _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Home Address: _____

Home Number: _____

Cell Number: _____

Name: _____

Relationship: _____

Home Address: _____

Home Number: _____

Cell Number: _____

PET INFORMATION:

Dog(s) (Circle) Yes / No If Yes how many and what breeds? _____

Cat(s) (Circle) Yes / No If Yes how many? _____

LIVING WILL INFORMATION:

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

If Yes, where is it located? _____

(POLICE DEPARTMENT USE ONLY)

DATE RECEIVED _____

DATE OF SITE INSPECTION _____

DATE OF INSTALLATION _____

LOCK BOX LOCATION _____

SHACKLE CODE _____

DATE ENTERED INTO CAD _____

SIGNATURE/ID _____

DETAILED LOCATION OF LOCK BOX:

Please return completed applications to:

**Amy Baumann
Piscataway Township Office on Aging
700 Buena Vista Ave.
Piscataway, NJ 08854**