



CLINTON TOWNSHIP POLICE DEPARTMENT

1370 Route 31

Annandale, NJ 08801

(908) 735-6000

Operation Blue Angel Application

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____

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

Other Phone #: _____

REASON FOR APPLICATION (Check Box if Applicable):

I have a medical condition that is potentially incapacitating and I live alone.

DESCRIBE YOUR MEDICAL CONDITION:

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

EMERGENCY CONTACT INFORMATION:

Contact #1:

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____

Cell/Other Phone: _____

Contact #2:

Name: _____

Relationship: _____

Home Address: _____

Home Phone: _____

Cell/Other Phone: _____

PET INFORMATION:

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

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

LIVING WILL INFORMATION:

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

If Yes, where is it located? _____

**THIS SECTION FOR INTERNAL USE ONLY, DO NOT WRITE BELOW
LINE**

LOCATION OF LOCKBOX: _____

SHACKLE CODE (TO INSTALL AND REMOVE LOCKBOX):

KEY ACCESS CODE (TO ACCESS KEY INSIDE LOCKBOX):

PLEASE RETURN COMPLETED APPLICATIONS TO:

CLINTON TOWNSHIP POLICE DEPARTMENT

ATTN: (OPERATION BLUE ANGEL PROGRAM COORDINATOR)

1370 ROUTE 31

ANNANDALE, NJ 08801

(908)735-6000 EXT.

EMAIL: RVASTOLA@CTPD.ORG