



Russell W. Leffert
Chief of Police

**TOWNSHIP OF WARREN
POLICE DEPARTMENT**

44 Mountain Boulevard
Warren, New Jersey 07059
(908) 753-1000



Somerset County Chiefs
of Police Association

“GOOD MORNING PROGRAM”

I would like to take a moment to familiarize you with our **“GOOD MORNING PROGRAM”** sponsored by the Warren Township Police Department.

The program assists persons living alone in our community by checking on their welfare every day. Here is how the program works:

- Participants in our **“Good Morning Program”** call the police department at (908)753-1003 every morning between the hours of 7:00 and 10:00 AM. If we do not receive your call by 10:30 AM, we will call you. If we are unable to speak with you after 2 attempts by phone, a police officer will be dispatched to your home to check on your welfare.

If you, or someone you know, would like to be part of our **“Good Morning Program”**, please fill out the attached form and drop it off or mail it to police headquarters. We will then contact you and get you started in the program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ W. Leffert".

Chief Russell W. Leffert



Warren Township Police Department

44 Mountain Boulevard, Warren, New Jersey 07059 (908) 753-1000

Fax: (908) 757-7915

GOOD MORNING PROGRAM

NAME: _____ HOME PHONE#: _____

ADDRESS: _____ CELL PHONE #: _____

DESCRIPTION OF PREMISES/ALARM TYPE: _____

DOG ON PREMISES? YES _____ NO _____ What Breed? _____

DESCRIPTION OF VEHICLE(S)- MAKE, MODEL, YEAR, COLOR, REG: _____

VIAL OF LIFE? YES _____ NO _____ MEDICAL ALERT? YES _____ NO _____

DOCTOR/HOSPITAL: _____ PHONE #: _____

*EMERGENCY CONTACT: KEYS: YES _____ NO _____

NAME: _____ PHONE #: _____ CELL PHONE#: _____

ADDRESS: _____ RELATIONSHIP: _____

*NEXT OF KIN: KEYS: YES _____ NO _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____ CELL PHONE#: _____

ADDRESS: _____

I, _____, acknowledge that as a volunteer member of the Good Morning Program, if it becomes necessary, the Warren Township Police may need to forcibly enter my home. I will not hold any individual officer or the Township of Warren responsible for damage incurred during the entry. Entry will only be attempted if my safety is in question.

Signature: _____

Date: _____

Witness: _____