



**William E. Keane**  
Chief of Police

# TOWNSHIP OF WARREN POLICE DEPARTMENT

44 Mountain Boulevard  
Warren, New Jersey 07059  
(908) 753-1000  
www.warrenpolice.com



**NJSACOP**

## Operation Blue Angel Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Other Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### REASON FOR APPLICATION:

- I am 55 years of age or older and live alone or am alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

### DESCRIBE YOUR MEDICAL CONDITION:

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_



**William E. Keane**  
Chief of Police

# TOWNSHIP OF WARREN POLICE DEPARTMENT

44 Mountain Boulevard  
Warren, New Jersey 07059  
(908) 753-1000  
www.warrenpolice.com



**NJSACOP**

### 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shackle Code:

Key Door Code:

Entered in CAD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed applications to:

**Attn: Capt. Paul Dzedzic**  
**Warren Township Police Department**  
**44 Mountain Boulevard**  
**Warren, NJ 07059**