



WEST WINDSOR TOWNSHIP POLICE DEPARTMENT

20 Municipal Drive, Box 38
West Windsor NJ 08550
(609)799-1222

Operation Blue Angel Application

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

Home Address: _____

City: _____ State: _____ Home Phone #: _____

Other Phone #: _____

REASON FOR APPLICATION

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

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Number: _____	Home Number: _____
Cell Number: _____	Cell Number: _____

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 Do Not Resuscitate (DNR) Form? Yes No

If Yes, where is it located? _____

LOCATION: (INTERNAL USE ONLY)

Shackle Code: _____

Please return completed applications to:

**West Windsor Police Department Attn:
Admin Lieutenant
20 Municipal Drive, Box 38
West Windsor NJ 08550**

Fax-(609)897-9010

Email: latham@westwindsorpolice.com