



New Providence Police Department



360 Elkwood Ave
New Providence, New Jersey
(908) 665-1111

Emergency Dial 9-1-1

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.

PLEASE DESCRIBE:

Doctor's Name: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address _____ Home Address: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

LIVING WILL INFORMATION: Do you have a living will or Do Not Resuscitate (DNR) Form? Yes or No

If yes, specify which. Where is it located?

PET INFORMATION:

Do you own any pets? Please list below:

LOCATION: (INTERNAL USE ONLY)

Shackle Code/Door Code/Lock #: _____ Forwarded to MVECC for CAD: _____

Approved Date: _____ Denied Date: _____

Reason for Denial: _____

Chief Signature: _____

Please return completed applications to:

**New Providence Police Department
Attention: Community Services Officer (Operation Blue Angel)
360 Elkwood Avenue
New Providence, NJ 07974**