



New Providence Police Department

360 Elkwood Avenue, New Providence, NJ 07974



OPERATION BLUE GUARDIAN LOCK BOX APPLICATION

Last Name: _____ First Name: _____ Middle Initial _____

Home Address: _____

City: _____ State: _____ Home Phone #: _____

Other Phone #: _____ Date of Birth: _____

REASON FOR APPLICATION:

- ☐ I have been diagnosed with a developmental, cognitive or physical disability that is potentially incapacitating.

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, where is it located?

PET INFORMATION:

Do you own any pets? Please list below:

LOCATION: (INTERNAL USE ONLY)

Shackle Code: _____ 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 Guardian)
360 Elkwood Avenue
New Providence, NJ 07974**