



# 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: DB Lieutenant  
20 Municipal Drive, Box 38  
West Windsor NJ 08550**

**Fax-(609)897-9010**

**Email:**

**skwierawski@westwindsorpolice.com**