

Spring Lake Heights Police Department Operation Reassurance Application

APPLICANT INFORMATION

Name : _____
Address : _____
Phone # : _____ Date Of Birth : _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name : _____ Do They Have A Key? ___ Yes ___ No
Address : _____
Phone # : _____ Relationship To Applicant : _____

MEDICAL INFORMATION

Doctor's Name : _____
Doctor's Address : _____
Doctor's Phone # : _____
Are You Considered An Invalid? ___ Yes ___ No
If Yes, Explain:

OTHER INFORMATION

Do You Wish To Leave A Key At Police Headquarters? ___ Yes ___ No **KEY # _____ (POLICE USE)**
Name Of Relative Or Another Person Who Has A Key : _____
Keyholder's Address : _____
Keyholder's Phone # : _____
Are There Any Special Instructions We Should Have Prior To Entering Your Home?
(pets, alarms, hidden keys, etc...)

MOTOR VEHICLE INFORMATION

Are You Able To Drive A Motor Vehicle? ___ Yes ___ No
License Plate # : _____ Make : _____ Model : _____
Vehicle Color : _____ Vehicle Year : _____
Where Is Your Vehicle Typically Parked? : _____
Tell Us Any Information You Feel We Should Know:

****I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL POLICE DISPATCH AT (732) 449 – 6161 EACH MORNING BEFORE 10:00 am. MY FAILURE TO DO SO WILL RESULT IN THE SPRING LAKE HEIGHTS POLICE DEPARTMENT, AFTER THEY HAVE EXHAUSTED ALL OTHER REASONABLE MEANS OF COMMUNICAITON, AUTHORIZATION TO ENTER MY RESIDENCE, SO THAT THEY MAY DETERMINE MY WELL BEING****

Applicant's Signature

Date