



Park Ridge Police Department

Borough of Park Ridge, New Jersey



CHIEF OF POLICE
PHONE: 201-391-5400
FAX: 201-391-8023
WWW.PARKRIDGEPOLICE.COM

Operation Blue Angel Application

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____

City: _____ State: _____ Home Phone#: _____

Cell Phone #: _____ Alt Phone #: _____

REASON FOR APPLICATION

By checking the box, I attest that I am 65 years of age or older and live alone or am alone for extended periods of time on a regular basis; or I am a person with a medical condition(s) that could lead to incapacitation and who lives alone or are alone for extended periods of time on a regular basis; or live with another individual and meet any of the requirements.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ Phone#: _____

EMERGENCY CONTACT INFORMATION

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____

PET INFORMATION

Dog(s) Yes No If Yes, how many and what breed? _____

Cats(s) Yes No If Yes, how many and what breed? _____

LIVING WILL INFORMATION:

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

If yes, where is it located? _____

Applicants Signature: _____ Date: _____

LOCATION: (INTERNAL USE ONLY)

Lock ID Number: _____ Shackle Code: _____ Key Lock Code: _____
Date Installed: _____ Installed by: _____ Date Entered in CAD: _____

Please return completed applications to:

**Park Ridge Police Department
Blue Angel Program Coordinator
33 Park Avenue
Park Ridge, NJ 07656**