



Department of Police
BOROUGH OF MANASQUAN
COUNTY OF MONMOUTH
NEW JERSEY 08736



CLASS 187

DANIEL SCIMECA, Chief of Police
ELLIOTT A. CORREIA, Captain of Police

"OPERATION REASSURANCE"

Resident Information:

1) Name: _____ Age: _____ (optional)

2) Name: _____ Age: _____ (optional)

Address: _____ Phone: _____

Please check the appropriate statement(s):

_____ I live alone.

_____ I am a disabled/handicapped person. Please describe condition _____

_____ I live with a disabled/handicapped person. Please describe condition _____

_____ We are both disabled/handicapped persons. Please describe condition _____

In case of emergency contact:

1) Name: _____ Phone _____

2) Name: _____ Phone _____

Is a key to your house available from a neighbor, friend, or relative? Yes _____ No _____

If yes, Name: _____ Address _____
Phone: _____

Vehicle Information:

License Plate Number: _____ Vehicle Make _____ Year _____

Color _____ Where is car usually parked? _____

Medical Information:

Doctors Name: _____

Phone: _____

Please list any other information which would help up to help you. _____

Signature: _____

Date: _____

Office Use:

Date received: _____

Date calling started: _____