

Department of Police

BOROUGH OF MANASQUAN

201 East Main Street
Manasquan, NJ 08736-3004
732-223-1000 x 223 732-223-0587 Fax

MICHAEL C. BAUER, Chief of Police
mbauer@manasquan-nj.com

"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 _____

Address: _____

2) Name: _____ Phone _____

Address: _____

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

If yes, Name: _____ Phone _____

Address: _____

Vehicle Information:

License Plate Number: _____ Vehicle Make _____ Year _____

Color _____ Where is car usually parked? _____

Medical Information:

Doctors Name: _____ Phone: _____

Address: _____

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

Signature: _____

Date: _____