



Robbinsville Township Police Department

1117 Route 130

Robbinsville, New Jersey 08691

Phone 609-259-3900 ~ Fax 609-259-0506

Operation Reassurance Registration

Name: _____ Date of Birth: _____

Address: _____

Home phone: _____ Cell phone: _____

Emergency Contact # 1

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Holds house key: **Yes** **No**

Emergency Contact # 2

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Holds house key: **Yes** **No**

Nearest Neighbor

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Holds house key: **Yes** **No**

Medications

Name: _____ Dosage _____

Name: _____ Dosage _____

Name: _____ Dosage _____

Name: _____ Dosage _____

Name: _____ Dosage _____

Name: _____ Dosage _____

Medical equipment

Do you have any medical equipment that will be affected in the case of a power outage (oxygen, enebulizer, etc). **Yes** **No**

Please explain: _____

Medical History

Please give a brief description of your medical history: _____

Do you have a medical alert device: **Yes** **No**

Doctors

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Do you have any other special needs that we should know about:

Yes **No**

Please explain: _____

Miscellaneous

Do you have a hidden key for your residence: **Yes** **No**

If yes, where is it located: _____

Do you drive: **Yes** **No**

What vehicle(s) will be parked at your residence when you are home:

Make _____ Model: _____

Color: _____ License Plate: _____

Make _____ Model: _____

Color: _____ License Plate: _____

Do you ever leave your residence for days at a time: **Yes** **No**

If you answered yes, we ask that you contact us prior to your departure and notify us of the duration of time you will be away.

Emergency Entry

In the event of an emergency where you will not be able to let us or other emergency personnel into your residence, do you give the Robbinsville Township Police Department and/or its employee's permission to make forcible entry into your residence to assist you: **Yes** **No**

By selecting yes, I am fully aware forcible entry may cause damage to my residence and/or property. By signing below I release the Robbinsville Township Police Department and/or its employee's from liability of any damage incurred during an emergent situation in which my life may be in danger and immediate attention is necessary.

X _____
Resident

Date: _____

X _____
Witness

Date: _____

Police Department Use Only

Date of application: _____

Entered into system
by: _____