



Raymond J. Hayducka  
Chief of Police

540 Ridge Road • Monmouth Junction • NJ 08852  
Telephone 732-329-4646  
Emergency Dial 9-1-1

James E. Ryan  
Deputy Chief of Police

## Operation Blue Angel Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### REASON FOR APPLICATION:

- I am 55 years of age or older and live alone or am alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

### DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### LIVING WILL INFORMATION:

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

If yes, where is it located \_\_\_\_\_

\_\_\_\_\_

**PET INFORMATION:**

Dog(s)  Yes  No If Yes how many and what breeds? \_\_\_\_\_  
\_\_\_\_\_

Cat(s)  Yes  No If Yes how many? \_\_\_\_\_  
\_\_\_\_\_

Location: (INTERNAL USE ONLY)		
_____		
_____		
_____		
Shackle Code:	Key Door Code:	Entered in Enforsys:
_____	_____	_____

Please return completed applications to:

**South Brunswick Police Department**  
**ATT: Community Policing Division**  
**540 Ridge Road**  
**Monmouth Junction, NJ 08852**



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### CONDITIONS:

Under *Operation Blue Angel*, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

**\_\_\_\_\_ I UNDERSTAND THAT OPERATION BLUE ANGEL IS NOT A “LOCK OUT SERVICE” FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND REQUESTS FOR NON-EMERGENT ACCESS MAY RESULT IN TERMINATION OF MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX. EACH RESIDENT (Over the Age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

### LIABILITY RELEASE:

In consideration of my participation in *Operation Blue Angel*, the undersigned, to the fullest extent permitted by law, hereby agrees on behalf of the undersigned the undersigned and the undersigned's heirs and representatives, to release, indemnify and hold harmless the Township of South Brunswick and their respective employees, officers, and agents from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in *Operation Blue Angel*. The undersigned acknowledges and agrees that the undersigned's participation in *Operation Blue Angel* is voluntary and that

said program is being offered only as a courtesy. I also understand and agree that Operation Blue Angel is not intended to nor does it in any way whatsoever create or impose a special duty on the South Brunswick Police Department or South Brunswick Township and their respective employees, officers, and agents regarding the undersigned's safety or well-being of person or property.

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Program Participant

Date: \_\_\_\_\_

*PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (732)329-4646 so that we can remove it or change the key placed in the Lockbox. Thank you.*

*The lockbox will remain the property of the SBPD.*

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE NOTARY PUBLIC

\_\_\_\_\_  
PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

Internal Use Only Entered into CAD Date _____ Signature / ID _____
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