



RICHARD S. GOLDBERG
Mayor

Department of Public Safety

Bureau of Police

Borough of Hawthorne, County of Passaic
445 Lafayette Avenue, Hawthorne, New Jersey 07506



OFFICE OF THE CHIEF
973-427-1800



RICHARD M. McAULIFFE
CHIEF OF POLICE

SENIOR CITIZEN OPERATION REASSURANCE PROGRAM APPLICATION

NAME: _____

ADDRESS: _____

PHONE #: _____

EMERGENCY CONTACT – This person should be able to respond if needed. Use the back of this application for any additional persons or information if necessary.

Name: _____ Telephone# _____

EFFECTIVE DATE: _____

SPECIAL MEDICAL CONDITIONS WHICH THE POLICE DEPARTMENT SHOULD BE AWARE OF:

I understand that I must call the Police Department Communications Center between the hours of 8:00am and 11:00am each day at 973-427-1800 to advise the Dispatcher that I am well. If I fail to call by 11:00am, the Dispatcher or Officer on Duty will call the number I have provided and if I do not answer, a patrol unit will be dispatched to my home.

To prevent damage to my home or injury to officers, I further agree that I will provide the Police Department with a key to my home which will be stored in a secure location in police headquarters in the event it is necessary for an officer to gain entry to my home.

I further understand that I must notify the Police Department when I will be away from my residence for more than a 24 hour period or while on vacation.

X _____
Signature Date