



# Westwood Police Department

Michael R. Pontillo  
Chief of Police

101 WASHINGTON AVENUE  
WESTWOOD, NJ 07675  
PH: (201) 664-7000

## OPERATION BLUE ANGEL

### Application:

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

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

Home Phone: \_\_\_\_\_

Cell Phone:  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR APPLICATION:

\_\_\_\_\_ I am 55 years of age or older and live alone, or I am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating, and I live alone, or I am alone frequently.

PLEASE DESCRIBE YOUR MEDICAL CONDITION:

---

---

---

---

DOCTOR'S NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

ADDRESS:

---

\_\_\_\_\_ EMERGENCY CONTACT INFORMATION / MEDICAL DESIGNEE:

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

---

Name:

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

---

Relationship:

Phone: \_\_\_\_\_

---

Phone:

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

---

Address:

PETS ON PREMISES: Yes / No

---

HOW MANY:

DOG(S) / CAT(S) / OTHER: \_\_\_\_\_

FRIENDLY: Yes / No

NAMES:

---

NAME / PHONE # OF DESIGNEE TO CARE FOR PETS IN YOUR ABSENCE:

---

LIVING WILL / DO NOT RESUSCITATE (DNR):

Do you have a living will? Yes / No

Do you have a Do Not Resuscitate (DNR) Order? Yes / No

If yes, would you kindly provide their location or WPD can securely store these documents with this form:

---

PLEASE RETURN COMPLETED APPLICATION TO:

WESTWOOD POLICE DEPARTMENT

COMMUNITY RELATIONS

101 WASHINGTON AVENUE

WESTWOOD, NJ 07675