

# Hazlet Township Police Department

## *Senior Citizen/Disabled Residents Emergency Contact Form*

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

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

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

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

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### Emergency Contact #1

Name: \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (Cell) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (Cell) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Special circumstances:** (Guide dog, wheel chair, walker, hearing or sight impairment, lock box combination, ect.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Hazlet Township Police Department is seeking information on Township senior citizens and disabled residents in case they need special attention in the event of an emergency. The form may be completed by the person seeking assistance of a friend/relative. Hazlet residences are encouraged to submit this form and to make others aware of the forms availability. All information will be kept confidential.

***This form can be emailed, faxed, and/or dropped off at Police Headquarters***

***255 Middle Rd Hazlet NJ 07730***

***Phone (732) 264-6565 Fax (732) 264-2708***

Email to: [policeinformation@hazletwp.org](mailto:policeinformation@hazletwp.org)