



## SOUTH RIVER POLICE DEPARTMENT

Mark E. Tinitigan  
Chief of Police  
61 Main Street  
South River, NJ 08882  
Phone: (732) 238-1000  
Fax: (732) 613-6103

### *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 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: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION:

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

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

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

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

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

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

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

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

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

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

#### PET INFORMATION:

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

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

**LIVING WILL INFORMATION:**

**Do you have a Living Will or Do Not Resuscitate (DNR) Form? (Circle)      Yes / No**

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

**Please Return Completed Applications to:**

**South River Police Department  
Special Operations Division  
61 Main Street  
South River, NJ 08882**



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### ***Operation Blue Angel*** ***Liability Release Form***

#### **LIABILITY RELEASE:**

In consideration of my participation in *Operation Blue Angel*, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Borough of South River and their respective employees, officers, and attorneys 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 the *Operation Blue Angel*. The undersigned acknowledges and agrees that the undersigned's participation in the *Operation Blue Angel* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree *Operation Blue Angel* is not intended in any way whatsoever to create or impose a special duty on the South River Police Department or South River Borough and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

#### **CONDITIONS:**

Under the *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 EXCESSIVE REQUESTS FOR NON-EMERGENT ACCESS WILL RESULT IN TERMINATION MY PARTICIPATION IN OPERATION BLUE ANGEL AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX.**

# Authorization of Program Participant

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

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

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

NOTARY PUBLIC:

SWORN AND SUBSCRIBE BEFORE ME

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

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

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

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

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*PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (732) 254-1150 ext. 139 so that we can remove it or change the key placed in the Lockbox. Thank you.*

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Internal Use Only

Entered into CAD Date \_\_\_\_\_ Signature / ID \_\_\_\_\_