



HOLMDEL TOWNSHIP POLICE DEPARTMENT

TRAFFIC SAFETY & CRIME PREVENTION UNIT

LOCK BOX PROGRAM APPLICATION

Instructions:

Complete this application in its entirety and return to the Police Department. If you have any questions, please contact Senior Citizen Crime Prevention Officer, Ptl. Menosky at 732-946-4400.

APPLICANT INFORMATION

First Name: _____ **Last Name:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Pertinent Medical Information: _____

Emergency Contact: _____

Address: _____

City: _____ **State:** _____

Home Phone: _____ **Cell Phone:** _____

DO NOT WRITE BELOW THIS LINE

To be completed by Police Department

Location lock box installed (describe): _____

Date Application Received: _____ **Received By:** _____

Date Box Installed: _____ **Installed By:** _____



HOLMDEL TOWNSHIP POLICE DEPARTMENT

A State Accredited Agency
4 Crawfords Corner Road
Holmdel, NJ 07733
732-946-4400



Frank Allocco
Chief of Police

I, _____, give my permission to officers of the
Holmdel Police Department to enter my residence, in case of an emergency, by
utilizing the key contained in the lockbox placed outside my residence.

Signature

Date

Signature of Guardian (if applicable)

Date

Witness

Date