



Richard D. Barber
CHIEF OF POLICE

TOWNSHIP OF GALLOWAY POLICE DEPARTMENT

300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205
Phone: (609) 652-3705 Fax: (609) 652-0667
www.gtpd.org



Galloway Township Police Department
OPERATION LIFELINE



The Galloway Township Police Department's “**Operation LIFELINE**” program is for residents who are 55 years of age or older who live alone or any resident of any age who has a medical condition that is potentially incapacitating.

Residents who are registered with the program simply call the police department **prior to 10:00 am daily** and notify the dispatcher that they are checking in for the day and are OK. If the resident does not call the police department by 10:00 a.m., an officer or dispatcher will call the registrant to ensure that they are OK. If the officer or dispatcher is unable to get in contact with the resident, a police officer will be dispatched to the residence to ensure the resident is safe.

Complete the attached application, and drop it off at the Police Department. Applications are available on our website, www.gtpd.org and in the Police Department lobby.

Anyone with questions about the program can contact Ofc. Jacki Magazzu of our Community Services Unit at 609-652-3705, Ext 328



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Operation Lifeline

Please fill in the information below and return to the Police Department.

Personal Information

Name: _____ Date of Birth: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Hidden Key Location: _____ ☐ N/A Garage Code: _____ ☐ N/A

Medications: _____

Medical History: _____

Vehicle Information (If applicable)

Year: _____ Make: _____ Model: _____

Color: _____ License Plate Number: _____ State: _____

Emergency Contact(s)

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Does this person have a key: Yes: ☐ No: ☐

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Does this person have a key: Yes: ☐ No: ☐

Agreement

- ☐ I have read all the information regarding this program, agree to contact the Police Department daily prior to 10:00 AM, and have correctly filled out the above information.

Signature: _____ Date: _____