

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

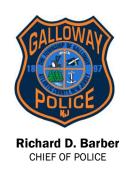


The Galloway Township Police Department's "**Operation LIFELINE**" program is for residents who are 55 years of age or older who live alone or any resident of any age who has a medical condition that is potentially incapacitating.

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

ame:			Date of Birth:		
Full Address:					
Home Phone:	Cel	Il Phone:			
Hidden Key Location:		🗆 n/a	Garage Code:	_ 🗆 n/a	
Medications:					
Medical History:					
	Vehicle Information				
Year:	Make:	Mod	del:		
Color:	License Plate Number:		State:		
	Emergency Co	ontact(s)			
Name:		Rela	ationship:		
Full Address:					
Home Phone:	Cel	I Phone:			
	Does this person have a k	ey: Yes: 🗆 No	o: 🗆		
Name:		Rela	ationship:		
Full Address:					
	Cel				
	Does this person have a k	ey: Yes: 🗆 N	o: 🗆		
	Agreeme	<u>ent</u>			
	he information regarding this policion () 1:00 AM, and have correctly fille		•	rtment	
Signature:			Date:		