

THE MANTOLOKING POLICE DEPARTMENT
&
OFFICE OF EMERGENCY MANAGEMENT



“WE CARE” PROGRAM

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL!

YOUR INFORMATION:

Name _____

Mantoloking Address _____

Permanent Address _____

Phone # _____ Cell # _____

Spouse Name & Cell # _____

E-mail _____

Do you have/keep any fire arms in your Mantoloking home? Yes / No

YOUR EMERGENCY CONTACT INFORMATION: (i.e. Property Caretaker, Neighbor, Family Member)

Please mark who these people are to you.

Name: _____

Address: _____

Phone No.: _____

In the event that an evacuation of residents is necessary for your safety, we must have a plan in place. In order for us to realize just how many resources we may need in Mantoloking to assist our disabled and transportation dependent residents, we ask that you provide the following information. This information includes your immediate family and any family members or visitors that frequently occupy the property.

****SEE REVERSE SIDE FOR MORE INFORMATION****

CHALLENGES: (Please mark all that apply)

mobility impaired, bed bound _____	wheel chair capable _____
sight impaired, blind _____	hearing impaired _____
oxygen/respirator use* _____	transport dependent _____
Dialysis* _____	Alzheimer/dementia _____
Other <i>Yes / No</i>	Please describe: _____
Pets <i>Yes / No</i>	Please describe: _____

***Consider loss of electricity if a life support system**

The police department will hold a Mantoloking house key for you, to be used for EMERGENCY ACCESS ONLY. If you wish to leave a key please bring it to Police Headquarters Monday through Friday (10:00 am to 3:00 pm). You may also opt to leave directions on where to find keys, garage codes or any other info in order for us to gain access in case of emergency with as little damage as possible!!

Does the Police Department have a key for your home? *Yes / No / Unsure* (Call us we can help)

If there are no changes to this questionnaire, please note so and return. No Changes _____

ALARMS: (Please mark all that apply)

Fire _____ Burglar _____ Medical _____ Carbon _____ Panic _____ Other _____

Alarm Company Name: _____ Phone: _____ Code: _____

Do you have an operational camera system on the outside of your home? *Yes / No / Prefer not to say*

If there is any other information that you think you would like us to know or anything that we would find helpful on keeping you, your family and property safe please state in the following space:

Please e-mail the answers to this questionnaire to the Mantoloking Police Department at policervices@mantoloking.org

Mail or deliver this information to the attention of:

Kelly Burdge	Telephone: (732) 295-1401
Mantoloking Police Department	Emergencies – Call 911
202 Downer Ave.	
P.O. Box 247	
Mantoloking, NJ 08738	