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 *Yes / No* Please describe:**

**Pets *Yes / No* 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 **policeservices@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**