

# PLUMSTED TOWNSHIP POLICE DEPARTMENT

## LOCKBOX PROGRAM APPLICATION



**SPONSORED BY  
PLUMSTED TOWNSHIP  
P.B.A. LOCAL 390**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### PLEASE DESCRIBE YOUR REASON FOR APPLICATION:


Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**LIVING WILL INFORMATION:**

Do you have a Living Will or Do Not Resuscitate (DNR) Form?: YES NO (Circle One)

If YES, where is it located?

---

**PET INFORMATION:**

Dog(s): YES NO (Circle One) If YES **how many** and **what breeds?**

---

---

Cats(s): YES NO (Circle One) If YES **how many?** \_\_\_\_\_

**LOCATION OF LOCKBOX (*INTERNAL USE ONLY*):**


Please return completed application to:

Plumsted Township Municipal Building  
121 Evergreen Road  
New Egypt, N.J. 08533



A sincere thank you to ERA Real Estate for helping us kickstart this program by donating 20 lockboxes for our community.