DEPARTMENT OF POLICE

Borough of Roseland
15 HARRISON AVENUE
ROSELAND, NEW JERSEY 07069

EMERGENCY NOTIFICATION FORM

STREET ADDRESS_____________________________ NAME _______________________________
PHONE # _______________________________ UNLISTED_____________________________
ALARM? _______________________________ IS ALARM REGISTERED WITH US? _______________
EMERGENCY PHONE # _______________________________ WORK PHONE # _______________________________
ANY HANDICAPPED PERSONS? _______________ TYPE OF HANDICAP? _______________________________
ANY SPECIALIZED HEALTH CARE OR LIFE SUPPORT EQUIPMENT THAT YOU WANT US TO BE AWARE OF? _____

IN CASE OF EMERGENCY PLEASE NOTIFY IN ORDER LISTED BELOW:
1. ___________________________________ PHONE # _______________________________
2. ___________________________________ PHONE # _______________________________
3. ___________________________________ PHONE # _______________________________
4. ___________________________________ PHONE # _______________________________

SINCERELY,

PATROL OFFICER JOHN ALLISON

RESIDENT/BUSINESS LIAISON OFFICER

If additional Space is needed, enter information on rear of sheet and write "see rear" on face of form. When completed please return to:

Police Headquarters
15 Harrison Avenue
Roseland NJ, 07068