



STAFFORD TOWNSHIP POLICE DEPARTMENT RESIDENCY EMERGENCY CONTACT FORM

To fill out an ELECTRONIC FORM, please visit:
<https://www.staffordnj.gov/700/Resident-Emergency-Contact-Information-F>
or Scan the QR Code Below

MANUAL FORMS:

Scan/Email to: Avincent@staffordpolice.org

OR - Mail to:

Stafford Township Police Department

Attn: Community Policing Unit

260 East Bay Avenue Manahawkin, NJ 08050



Date*

Email

Are you filling out this form for you, or a family member(s)?*

- Myself
- Family Member(s)

Is this a permanent residence or seasonal?*

- Permanent
- Seasonal

RESIDENT INFORMATION

Is this your residence or a family member(s)?*

- My Residence
- Family Member

Address

City

State

Zip Code

Please note any pertinent information regarding the residence that may help our responding officers.*

Name

Best number to be reached at

Relation

RESIDENT #1

First Name*

Last Name*

Phone Number*

RESIDENT #2

First Name

Last Name

Phone

Child Info / Ages

EMERGENCY CONTACT INFORMATION

If this form is for a family member, please fill out an appropriate emergency contact for them. If this form is for you, please fill out someone who you wish to be contacted in the event you can't be reached and that can give us important information.

Emergency Contact #1

Name*

Best Number to be reached at*

Relation*