



A. Scott Porter
Chief of Police

LONGPORT POLICE DEPARTMENT

2305 Atlantic Avenue • Longport, New Jersey 08403-1196

609-822-2141 • Fax 609-822-0682

RESIDENT INFORMATION SHEET (please print)

RESIDENT NAME: _____

LOCAL INFO

OUT OF TOWN INFO

Address _____

address _____

City,State,Zip: Longport, NJ 08403

City,State,Zip _____

phone number: _____

phone number _____

EMERGENCY CONTACT (Should the Police Dept have the need to contact someone in regards to your property and you cannot be reached)

Name: _____ phone number: _____

Address: _____

ALARM COMPANY INFORMATION:

Name of Alarm Company: _____ phone number _____

PET INFORMATION (to assist with lost pets)

Type of pet _____ Breed _____ markings _____ permit # _____

FIREARM INFORMATION

Type: _____ Make _____

Serial # _____ Permit # _____

MEDICAL INFO (any special needs that the Police Dept should be made aware of in the event of power outages, inclement weather, etc.)

Thank you for taking the time to fill out this form. This information will be placed into the police department in house computer and will not be divulge to any outside source.

EITHER MAIL TO ABOVE ADDRESS OR TURN INTO THE POLICE DEPT