



**Richard D. Barber**  
CHIEF OF POLICE

## TOWNSHIP OF GALLOWAY POLICE DEPARTMENT



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300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205  
Phone: (609) 652-3705 Fax: (609) 652-0667  
[www.gtpd.org](http://www.gtpd.org)



**Galloway Township Police Department**

**OPERATION LIFELINE**



The Galloway Township Police Department's “**Operation LIFELINE**” program is for residents who are 55 years of age or older who live alone or any resident of any age who has a medical condition that is potentially incapacitating.

Residents who are registered with the program simply call the police department **prior to 10:00 am daily** and notify the dispatcher that they are checking in for the day and are OK. If the resident does not call the police department by 10:00 a.m., an officer or dispatcher will call the registrant to ensure that they are OK. If the officer or dispatcher is unable to get in contact with the resident, a police officer will be dispatched to the residence to ensure the resident is safe.

Complete the attached application, and drop it off at the Police Department. Applications are available on our website, [www.gtpd.org](http://www.gtpd.org) and in the Police Department lobby.

Anyone with questions about the program can contact Ofc. Jacki Magazzu of our Community Services Unit at 609-652-3705, Ext 328



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## Operation Lifeline

Please fill in the information below and return to the Police Department.

### Personal Information

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

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hidden Key Location: \_\_\_\_\_  N/A Garage Code: \_\_\_\_\_  N/A

Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

### Vehicle Information (If applicable)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

### Emergency Contact(s)

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

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does this person have a key: Yes:  No:

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

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does this person have a key: Yes:  No:

### Agreement

I have read all the information regarding this program, agree to contact the Police Department daily prior to 10:00 AM, and have correctly filled out the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_