



**Boroughs of Belmar and Lake Como, New Jersey
OFFICE OF EMERGENCY MANAGEMENT**

Mayors

Belmar: Mark Walsifer
Lake Como: Kevin Higgins

Belmar Police Department
601 Main Street, Belmar NJ 07719
(732) 681-1700

Belmar Deputy Coordinator
Edward D. Kirschenbaum, Sr.

Coordinators

Belmar: Frank Cinelli
Lake Como: Edward D. Kirschenbaum, Sr.

**Lake Como
Assistant Deputy Coordinator**
Louise A. Mekosh

Chief of Police: Tina Scott

Law Enforcement Liaison
Captain Thomas Cox

March 18, 2020

A message from Belmar Police Chief Tina Scott:

The health, safety, and well being of the residents of Belmar and Lake Como is a top priority to the Belmar Police Department. We are extending our "Operation Reassurance Program" in order to maintain communication with the elderly, disabled, and handicapped who live alone or if you have a loved one that lives alone who may need assistance during this time.

The participants are responsible to call the Belmar Police Department every morning between 9:00am and 11:00am. If a phone call is not made by the participant, the police will try to contact them. If there is no answer at the residence, they will dispatch an officer to the house to check on them.

If you would like to sign up or have a loved one placed on the list, please complete the application below and email dcoppola@belmarpd.com, fax to (732) 681-6720 or contact the Belmar Police Department for more information at 732-681-1700.



**BOROUGH OF BELMAR, NEW JERSEY
OFFICE OF CHIEF OF POLICE**
601 Main Street, P.O. BOX A
Belmar, NJ 07719



Tina M. Scott
CHIEF OF POLICE

Tel: (732) 681-1700
Fax: (732) 681-7470

OPERATION REASSURANCE

Resident Information:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

Address: _____

Phone: _____

Please check the appropriate box or boxes:

- () I live alone
- () I am a disabled/handicapped person. Please describe condition:

- () I live with a disabled/handicapped person. Please describe condition:

- () We are both disabled/handicapped persons. Please describe condition:

In case of emergency, contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Is a key to your house available from a neighbor, friend, relative?

() Yes () No

If yes: Name: _____
 Address: _____
 Phone: _____

Please give the following medical information:

Doctor's Name: _____ Phone: _____

Please list any other information which would help us to help you:

Please list vehicle information:

License Plate #: _____ Vehicle Make: _____

Year: _____ Color: _____

Where is car usually parked: _____

SIGNATURE: _____

DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO POLICE HEADQUARTERS. WHEN WE RECEIVE THE COMPLETED APPLICATION WE WILL CONTACT YOU SO THAT YOU WILL KNOW WHEN TO START CALLING IN.