



OPERATION BLUE ANGEL APPLICATION

Ridgewood Fire Department
201 East Glen Avenue ▪ Ridgewood, NJ 07450
TEL.: 201-444-7898 x. 5480

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS: _____ CITY: _____ ST: _____

HOME PHONE: _____ CELL/ OTHER PH: _____

REASON FOR APPLICATION:

_____ I live alone (or am alone for extended periods of time on a regular basis) and have a medical condition or special need that may prevent me from getting to the door in the event of an emergency.

PLEASE EXPLAIN IN FURTHER DETAIL:

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

HOME ADDRESS: _____

CELL NUMBER: _____

NAME: _____

RELATIONSHIP: _____

HOME ADDRESS: _____

CELL NUMBER: _____

PET INFORMATION:

DOG(s) (Circle) YES or NO If yes, how many and what breeds? _____

CATS(s) (Circle) YES or NO If yes, how many? _____

LOCATION (INTERNAL USE ONLY): _____

*Optional: Shackle Code: _____

Please return completed applications to:

Ridgewood Fire Department, Attn: Fire Prevention Bureau, 201 East Glen Avenue, Ridgewood, NJ 07450.

Lock boxes made possible thanks to funding from the Village of Ridgewood.