



**Police Department**  
**Community Service Unit**  
**647 Bloomfield Avenue**  
**Montclair, New Jersey, 07042**

**Todd Conforti**  
 Chief of Police

**Tracy Frazzano**  
 Deputy Chief

**Wilhelm Young**  
 Deputy Chief

**Garth Guthrie**  
 Patrolman  
 3<sup>rd</sup> Ward Liaison Officer

**Tele: 973.509.4777 Ext.4635**  
**Fax: 973.744.4297**  
[gguthrie@montclairnjsa.org](mailto:gguthrie@montclairnjsa.org)



## **“Operation Blue Angel”**

The Montclair Police Department, Montclair Fire Department, and Montclair Ambulance Unit have collaborated through Lifelong Montclair, the Township’s aging in place initiative, to give our senior residents more peace of mind. “Operation Blue Angel” is intended to provide Police, Fire and Emergency Medical Services (EMS) access to a residence in the event of an emergency where the resident is unable to open the door.

Eligible residents will be provided with a free lock box thanks to funding from the Partners for Health Foundation. A key must be provided by the applicant. The key will be stored in the secure lock box near the entrance to their residence. The access code to the lock box will only be available to first responder personnel and used only during an emergency. The Community Service Unit (CSU) supervisor will assign an officer from the unit to respond to the applicant residence to recode the lockbox. Whenever the lock box is entered during the hours when the CSU is not available dispatch will send an email and voicemail to the supervisor of the CSU advising him/her of the incident. The applicant and/or the emergency contact person listed on their application will be provided with the new code. The new code will transmit to dispatch via email and logged by the Lock Box Coordinator.

To be eligible to enroll in "Operation Blue Angel" lock box program, Montclair residents should meet the following requirements: they must be 55 years or older or have medical conditions that could lead to incapacitation and live alone or are alone for extended periods of time on a regular basis.

They can complete the application online and should complete both the Application and the Liability Waiver forms.

After the forms are both completed forms should be returned to the Montclair Police Department located at 647 Bloomfield Avenue. The entire application process is free of cost to the applicant. The lock box is the property of Montclair Township and must be returned if you move or relocate from our jurisdiction. Any further questions or concerns pertaining to "Operation Blue Angel" should be directed to Ofc. Garth Guthrie. My office number and email are listed below.

Thank you,

*Garth A. Guthrie*

**Patrolman**

Community Service Unit, MPD

Office: 973.744.1234 ext. 4635

Email: gguthrie@montclairnjusa.org



**MONTCLAIR  
AMBULANCE UNIT**



## Operation Blue Angel

### LIABILITY RELEASE FORM:

In case of emergency, dial 9-1-1

Chief Todd Conforti,

In consideration of Community Service Unit (CSU) participation in Operation Blue Angel, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Township of Montclair and their respective employees, officers, and attorneys from and against any and all claims, SUITS, JUDGMENTS, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the Operation Blue Angel. The undersigned acknowledges and agrees that the undersigned's participation in the Operation Blue Angel is voluntary and that said Program is being offered only as a courtesy. I also understand and agree Operation Blue Angel is not intended in any way whatsoever to create or impose a special duty on the Montclair Police Department or Montclair Township and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

### **CONDITIONS:**

Under the Operation Blue Angel, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

\_\_\_\_\_ I understand that Operation Blue Angel is not a "Lock Out Service" for me, my family, or friends. Only Emergency Personnel and actual participants will be granted access, and excessive requests for non-emergent access will result in termination of my participation in Operation Blue Angel and removal of the lockbox.

Each resident (Over the Age of 18 years) at the home address listed above is required to sign and date this agreement.

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

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

.....

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

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

.....

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant

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

**PLEASE NOTE:** If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator Officer Garth Guthrie at (973)509-4777, Ext. 4635 so that we can remove it or change the key placed in the Lockbox. Thank you.

NOTARY PUBLIC:  
SWORN AND SUBSCRIBES BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_

\_\_\_\_\_  
SIGNATURE NOTARY PUBLIC

\_\_\_\_\_  
PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

*Internal Use Only*  
Entered into CAD Date \_\_\_\_\_ Signature / ID \_\_\_\_\_



**MONTCLAIR  
AMBULANCE UNIT**



## Operation Blue Angel Application

Montclair Police Department  
647 Bloomfield Ave. New Jersey 07042  
Telephone 973-509-4777 Ext. 4635

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

### **REASON FOR APPLICATION:**

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

### **DESCRIBE YOUR MEDICAL CONDITION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

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

Home Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**PET INFORMATION:**

Dog(s) (Circle) Yes / No If Yes how many and what breeds?

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Cat(s) (Circle) Yes / No If Yes how many?

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Emergency Dial 9-1-1

**LIVING WILL INFORMATION:**

Do you have a living will or Do Not Resuscitate (DNR) Form? (Circle) Yes / No  
If yes, where is it located?

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**LOCATION: (INTERNAL USE ONLY):**

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\*Optional: Shackle Code: \_\_\_\_\_

Please return completed applications to:

**Montclair Police Department**  
**647 Bloomfield Ave.**  
**Attn: Community Service Unit**  
**Montclair, NJ 07042**

*Lock boxes made possible thanks to funding from the Partners for Health Foundation.*