



RIVER VALE POLICE DEPARTMENT

334 River Vale Road
River Vale, New Jersey 07675

Telephone
(201) 664-1111
Fax
(201) 358-7750

RESIDENTIAL CENSUS INFORMATION

| RESIDENCE LOCATION | | | |
|-------------------------------------|--------|---|--|
| Street Address | | | |
| PRIMARY RESIDENT INFORMATION | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell Phone # | Pager # |
| | | Status of Residency <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date of Occupancy (MM/YY) |
| | | | |
| SECONDARY (CO)RESIDENT INFORMATION | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell Phone # | Pager # |
| | | Status of Residency <input type="checkbox"/> Own <input type="checkbox"/> Rent | Date of Occupancy (MM/YY) |
| | | | |
| CHILDREN/OTHER OCCUPANT INFORMATION | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell # | Pager # |
| | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell # | Pager # |
| | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell # | Pager # |
| | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell # | Pager # |
| | | | |
| Name (last, first, MI) | | DOB | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home # | Work # | Cell # | Pager # |
| | | | |

EMERGENCY CONTACT

Please list below persons to contact in the event of an emergency.

| | | | | |
|---|--------|---|---------|--|
| Name (last, first, MI) of Emergency Contact | | Home Street Address | | |
| Home # | Work # | Cell Phone # | Pager # | |
| | | Relationship <input type="checkbox"/> Friend <input type="checkbox"/> In-law <input type="checkbox"/> Relative | | |

MISC. INFORMATION

Please list any additional information you feel we should be aware of (ie. - Medical conditions, Restraining orders, etc)

FIREARMS

Please list any firearms in the household

| Type | Make | Model | Permit # | Serial # |
|------|------|-------|----------|----------|
| | | | | |

PETS

Please list any pets in the household

| Name | Type of animal | Color | Breed |
|------|----------------|-------|-------|
| | | | |

Upon completion, please remit to the River Vale Police Department at the above address.