

HEADQUARTERS
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JONATHAN POTTER
Chief of Police

Residential Check-Up Form

****The following form is to be submitted to Patrolman Stuerze at jstuerze@shipbottom.org. This form is for residents within the Ship Bottom community who are senior citizens or handicapped citizens, who are experiencing declining health or potential other unforeseen circumstances or even lonesome. Bi-weekly or monthly, we will send an officer to the residence to accompany you or your family member. During this visit we can assess any potential health issues that may be worsening or improving, we can be there as an outlet to speak with and we can even help with moving packages or taking out the trash. This form and program is built to serve YOU, our community members.*

Resident's Name: _____

Resident's Address: _____

Bi-weekly _____ **Monthly (check-ins)** _____

Name of Requesting Person & Relation(address/phone): _____

Other Points of Contact for Resident(name/address/phone): _____

Resident's Medical Conditions(Relevant Information): _____

****This information will not be shared and is strictly held as confidential information within the Ship Bottom Police Department.*