



# 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 #

## 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.