

LAKEHURST
POLICE
DEPARTMENT



TOY
DRIVE
FORM

ALL APPLICANTS MUST BE A LAKEHURST RESIDENT
PROOF OF ADDRESS REQUIRED

Your Name:

Name of person picking up the toys
If different from above:

Your Address:

Phone Number(s)
Primary & Secondary
Contact(s):

Child 1	Age Child 1
Child 2	Age Child 2
Child 3	Age Child 3
Child 4	Age Child 4
Child 5	Age Child 5
Child 6	Age Child 6
Child 7	Age Child 7
Child 8	Age Child 8
Child 9	Age Child 9

Return forms via email to: ijames@lakehurstpolice.org or

Drop off or mail to the Lakehurst Police Department 530 Union Avenue Lakehurst, NJ 08733

*****All requests need to be received by December 18, 2015*****