

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](mailto: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\*\*\*\*\*