



POLICE DEPARTMENT  
NICHOLAS PEDITTO  
CHIEF OF POLICE

35 MUNICIPAL DRIVE  
LUMBERTON, NEW JERSEY 08048

Phone: (609) 267-1111  
Fax: (609) 267-8284  
www.lumbertontwp.com

**TOY DRIVE APPLICATION FOR ASSISTANCE**

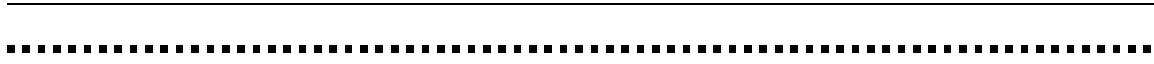
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Number of Household Members: \_\_\_\_\_

Gross Family Income (from all sources before taxes): \$ \_\_\_\_\_

Additional Comments: \_\_\_\_\_



ASSISTANCE BEING REQUESTED FOR:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Please be advised that we cannot guarantee that you will be receiving toys this year due to the overwhelming requests that we have received. **Keep in mind that the age limit is 15 years old. *Please return this form with proof of income and a copy of the birth certificate for each child (ex: tax return, paystub, TANF etc.)*** Any questions please contact Detective Corporal Cellasio at 609-267-1111 x222.

Forms can be returned to:  
Lumberton Township Police Department  
Attn: Detective Corporal Cellasio  
35 Municipal Drive  
Lumberton, NJ 08048

Fax: 609-267-8284  
Email: [bcellasio@lumbertontwp.com](mailto:bcellasio@lumbertontwp.com)

I hereby certify that the information above is true to the best of my knowledge. I know that if any statements are materially false, I may be subject to prosecution.

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**Signature of Applicant**

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**Date**

This form **MUST** be returned **no later than FRIDAY, DECEMBER 7, 2018** for consideration.