



BURLINGTON COUNTY SHERIFF'S OFFICE
SHERIFF JAMES H. KOSTOPLIS
UNDERSHERIFF ODISE A. CARR



**HOLIDAY 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:

1. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

2. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

3. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

4. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

5. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

6. Child's Name: _____

Date of Birth: _____ Gender: _____

Needs/Wants: _____

*****LIST ADDITIONAL CHILDREN ON BACK*****

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.

Signature of Applicant

Date

This form **MUST** be returned **no later than FRIDAY, DECEMBER 1, 2023**, for consideration.

- Please be advised that we cannot guarantee that you will be receiving toys this year due to the overwhelming requests that we receive.
- Age limit is 15 years old.
- Please return this form with proof of residency, proof of income, and a copy of the birth certificate for each child (ex: tax return, paystub, TANF etc.)

If you have any questions please contact the Community Outreach Unit at 609-265-3788.

Forms can be returned to:

Burlington County Sheriff's Office

Fax: 609-265-5923

49 Rancocas Road

PO Box 6000

Email: klipiec@co.burlington.nj.us

Mt. Holly, NJ 08060

*Attn: Community Outreach Unit