



Stanley A. Kober
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Community Emergency Response Team Application

**Borough of Ho-Ho-Kus
333 Warren Avenue
Ho-Ho-Kus, NJ 07423**

Name: _____

Street Address: _____

Municipality: _____ **Zip + 4:** _____

Home Phone: _____ **Work Phone:** _____

Cellular Phone: _____ **Date of Birth:** ____/____/____
(Must be at least 18 yrs old)

Social Security Number: _____

Signature: _____ **Date:** _____

**Please mail or deliver completed application to HHK Police DPT at above address
or FAX to: 201-445-2091
Attn: Stanley A. Kober, CERT Program Manager**

**You will be notified as to the time and place of the next CERT training class after
your application is processed.**

THANK YOU FOR YOUR INTEREST!

APPROVED BY: _____
Stanley A. Kober, CERT Program Manager **Date**

Borough Hall, Borough of Ho-Ho-Kus 333 Warren Avenue Ho-Ho-Kus, NJ 07423