



CRASE Registration Form

Applicant's Name:

Address:

Telephone Number:

Email address:

Applicant employed in Middlesex, NJ?

Yes: Employer:

No:

Communication preference for registration confirmation:

Telephone:

Email:

Email the completed application to: cp@middlesexpd.com

Or return the completed application to the Middlesex Police Department, 1101 Mountain Avenue, Middlesex, NJ.

If you have any questions, contact Staff Sergeant Michael Mastrogiovanni, 732-356-1900 ext. 321