

Internal Use Only
DOOR CODE: _____



CITY OF LAKE MARY POLICE DEPARTMENT

LOCK BOX PROGRAM APPLICATION

UPDATED



165 E. Crystal Lake Avenue, Lake Mary, Florida 32746 (407) 585-1330

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State: _____

Home Phone #: _____ Other Phone #: _____

REASON FOR APPLICATION:

_____ I am 55 years of age or older and live alone or am alone on a frequent basis.

_____ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____

Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Phone Numbers: _____

Phone Numbers: _____

LOCATION: (INTERNAL USE ONLY)

Shackle Code: _____

LIABILITY RELEASE:

In consideration of my participation in the *Lock Box Program*, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the City of Lake Mary and Seminole County and their respective employees, officers, and attorneys from and against all claims, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from the undersigned's participation in the *Lock Box Program*. The undersigned acknowledges and agrees that the undersigned's participation in the *Lock Box Program* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree that the Lock Box Program is not intended in any way whatsoever to create or impose a special duty on the City of Lake Mary and Seminole County and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

CONDITIONS:

Under the *Lock Box Program*, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, fire and police emergency personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

EACH RESIDENT (Over the Age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.

Signature of Program Participant

Signature of Program Participant

Signature of Program Participant (Please Print)

Signature of Program Participant (Please Print)

Date: _____

Date: _____

PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (407) 585-1305 so that we can remove it or change the key placed in the Lockbox. Thank you.

Internal Use Only	
<input type="checkbox"/> Entered into CAD	Date _____ Signature / ID _____