

DEER PARK POLICE DEPARTMENT LOCKBOX APPLICATION

APPLICANT INFORMATION - The person residing in the home where the lock box will be attached.			
LAST NAME	FIRST NAME	HOME PHONE	CELL/OTHER PHONE
DATE OF BIRTH	DRIVER'S LICENSE OR ID NUMBER	STREET ADDRESS (Deer Park Addresses Only)	
PRIMARY CARE PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER			
EMERGENCY CONTACT #1 INFORMATION - A person we can call if we cannot reach the applicant.			
LAST NAME	FIRST NAME	HOME PHONE	CELL/OTHER PHONE
DATE OF BIRTH (if available)	RELATIONSHIP	NAME OF WORKPLACE	WORKPLACE PHONE
STREET ADDRESS		CITY	STATE ZIP CODE
EMERGENCY CONTACT #2 INFORMATION - A person we can call if we cannot reach the applicant.			
LAST NAME	FIRST NAME	HOME PHONE	CELL/OTHER PHONE
DATE OF BIRTH (if available)	RELATIONSHIP	NAME OF WORKPLACE	WORKPLACE PHONE
STREET ADDRESS		CITY	STATE ZIP CODE
Provide information regarding medical conditions, pets, alarms, or other information the police department should maintain on file.			
Please check the reason for the application:			
<input type="checkbox"/> I am 65 years of age or older and living alone or I am alone on a frequent basis.			
<input type="checkbox"/> I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis.			
Please initial the following statements:			
_____ I acknowledge that I will contact the Deer Park Police Department if I move or wish to withdraw from the Lockbox Program. I understand that the lock box is the property of the Deer Park Police Department.			
_____ By participating in the Lockbox Program, I authorize the Deer Park Police Department to enter my residence for emergency purposes only and to install the lock box onto my property.			
_____ In consideration for my participation in and benefiting from this Program, the receipt and sufficiency of such consideration are hereby affirmed: I agree to indemnify and hold harmless the City of Deer Park, its elected and appointed officials, officers, employees and representatives from any and all actual or alleged claim, demand, lawsuit, liability, loss, damage, injury, or death, including all reasonable costs of defense, arising out of or in any way relating to my participation in this Program.			

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

BEAT	LOCK #	TOP #	SIDE #	DATE ISSUED	LOCATION OF BOX