

Physical Location of Lockbox:

Reason for Removal: ____

Senior Safety Key Lockbox Application Grand Prairie Police Department



LOCKBOX APPLICANT INFORMATION

ast Name:		First Name:		
Street:				
City: Grand Prairie		State: <u>Texas</u> Zip:		
Phone:	(Circle One) Home Phone Cell Phone		Birthdate:	
	REASON FOR A			
I have a medical co ncapacitating and I live alo frequent basis.		I am 65+ years of age, living alone or alone on a		
Briefly describe your medical or ह	general health condition (if applicable): _			
Doctor's Name		Phone:		
Joctor 3 Name.		THORE		
EMERGENCY CONTACT #1		EMERGENCY CONTACT #2		
Name:		Name:		
Street:		Street:		
City: Sta	te:Zip:	City:	State:	Zip:
Phone: Relation	nship:	Phone:	Relationship:	
Fire Department to enter my re ockbox on my home and to give benefitting from this Program, I officers, employees, and represe	Safety Key Lockbox Program I auth sidence for emergency purposes. the code information to Police/Fire agree to indemnify and hold harm ntatives from any and all actual or sts of defense, arising out of or in a	I authorize the Grand Pra 911 Communications. In colless the City of Grand Pra r alleged claim, demand, I	airie Police Departm consideration for my airie, its elected and awsuit, liability, loss	ent to install a key participation in and appointed officials, , damage, injury, or
Participant's Signature:		Da	te:	
Submit by mail or in person at:	GPPD Senior Lockbox Program Attn: Volunteer Coordinator 1525 Arkansas Lane Grand Prairie, TX 75052			
	OFFICE U	SE ONLY		
Communications please add to the				
Lockhov Code:	Vial of Life:			

Date of Install: _____ Installed By: _____ Date of Removal: _____ Removed By: _____