

Denison Police Department Senior Lockbox Program Application

Name: _____
(Last Name) (First Name)

Home Address: _____ Zip: _____

Phone: _____ (Circle one) Home Landline Cell Phone

Reason for Application:

_____ I am 65+ years of age, living alone or alone on a frequent basis. Birthdate: ___/___/___

_____ I have a medical condition that is potentially incapacitating, and I live
_____ alone or I am alone on a frequent basis. Birthdate: ___/___/___

Briefly describe your medical or general health condition: *(information will be kept confidential)*

Doctor's Name: _____ Dr. Phone Number: _____

Emergency Contact Information:

Contact #1		Contact #2	
Name:	_____	Name:	_____
Phone Number(s):	_____	Phone Number(s):	_____
Relationship:	_____	Relationship:	_____
Home Address:	_____	Home Address:	_____
	_____		_____

***By participating in the Senior Lockbox Program, I authorize the Denison Police Department or the Denison Fire Department to install a key lockbox on my home and to give the code information to Police/Fire 911 Communications. In consideration for my participation in and benefitting from this Program, I agree to indemnify and hold harmless the City of Denison, 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.

Participant's Signature: _____
Date: _____