

CITY OF MEDFORD LOCK BOX REQUEST FORM

THIS SECTION IS TO BE FILLED OUT BY THE PERSON REQUESTING THE LOCK BOX

NAME _____ DATE _____

LOCK BOX LOCATION –
ADDRESS _____

TELEPHONE NUMBER _____

911 Health Care Indicator Form submitted YES _____ NO _____

Do you own this home? YES _____ NO _____ If no,

OWNER: Name _____ Address _____

Telephone _____ City/State _____

I _____ owner of property authorize the intended use and
PRINT

Installation of the LOCK BOX at _____
ADDRESS

Signature of Homeowner

I have read and signed the liability release form and LOCK BOX procedure and attest that all the information that was provided by me to be true.

_____ Signature of individual requesting LOCK BOX.

FIRE DEPARTMENT USE ONLY:

SITE VISIT _____ DATE _____ INSPECTOR _____

LOCK BOX AUTHORIZED
LOCATION _____

DATA ENTERED IN CAD _____ DATE _____

DEPOSIT RECEIVED \$ _____

DATA TRACKING: Is person 60 years or older _____ have a disability _____

Other _____

