



Dennis Fire Department
883 Main Street, West Dennis MA 02670
Lock Box Removal Application



Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Contact number: (____) _____ E-mail Address: _____

House Number must appear on the Street Side of the property in 3 Inch contrasting numbers, not script

Return application to: Laura McCarthy, Office Manager

Email: lmccarthy@town.dennis.ma.us

Fax: 508-398-5925

Please contact the office with any questions (508-398-0363).

Mail: 883 Main Street

West Dennis, MA 02670

FOR OFFICE USE ONLY

DFD ID NUMBER _____

DATE LOCK BOX REMOVED _____

AUTHORIZED SIGNATURE _____

Return to Fire Prevention Bureau when completed