



Dennis Fire Department
 883 Main Street, West Dennis MA 02670
 Phone: 508-398-0363 Fax: 508-398-5925

Residential Lock Box Application

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Medical: Check all that apply: Life Support Systems Mobility Impaired Visual Impairment Hard of hearing/Deaf
 Speech Impairment Cognitive Impairment/Alzheimer's/ Dementia TTY Other Medical Condition _____

Contact Persons Name, Address and Phone

1) Name _____ Address _____
 Phone 1 _____ Phone 2 _____

2) Name _____ Address _____
 Phone 1 _____ Phone 2 _____

I understand that the loss of any key(s) is the responsibility of the Lockbox subscriber or legal representative and/or responsibility for changing or alteration or notification thereof, shall be the responsibility of the Lockbox subscriber or legal representative. Please call Dennis Fire for removal of lock box when need no longer exists.

Other persons Living at premise: _____ Any pets at the home: _____

Signature of Subscriber or designee: _____ **Date** _____

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

Check in the amount of \$40.00 to Dennis Fire Association – Lock Box

To be completed by Installing Personnel

Date Lock Box Placed: _____ DFD ID Number: _____

Location Lock Box Placed: _____

Appointment Day/Time: _____ Check Number: _____

File of Life Completed: YES NO

Fire Safety Survey Completed: YES NO

Appropriate Smoke Detectors Present: YES NO

Number of detectors: _____ Hardwired/Battery: _____ Type: _____

Fire Department Signature _____