



Date Received-\_\_\_\_\_

# COLLEYVILLE POLICE DEPARTMENT

Integrity ~ Service ~ Innovation

## Residential Lockbox Program Application

\$36.00 installation fee (cash or check)

**NAME:** \_\_\_\_\_  
(Last Name) (First Name) (M/I)

**Home Address:** \_\_\_\_\_

**Telephone Numbers:** Home: \_\_\_\_\_ Other: \_\_\_\_\_

Reason for Application:

\_\_\_\_\_ I am 65 years of age or older, living alone, or alone on a frequent basis

\_\_\_\_\_ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis

**Describe Your Medical Condition(s):**

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**Contact #1**  
Name/Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**Contact #2**  
Name/Relation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

\*\*\* By participating in the Residential Lockbox Program I authorize the Colleyville Police and/or Fire Departments to enter my residence for emergency purposes only and to install the lockbox onto my residence. In consideration for my participation in and benefitting from this program, the receipt and sufficiency of such consideration are hereby affirmed, I agree to indemnify and hold harmless the City of Colleyville, its elected and appointed officials, officers, employees, and representatives from any and all 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 the program.

**Participant's Signature:** \_\_\_\_\_

**\*\*Office Use Only:** Date Installed: \_\_\_\_\_ Combination: \_\_\_\_\_ Installed by (ID #) \_\_\_\_\_  
Location on residence installed: \_\_\_\_\_ Removed Date: \_\_\_\_\_