

SECURITY KNOX BOX APPLICATION

REASON FOR APPLICATION (Check One)

_____ I am 75 years of age or older and have no other household members

_____ I am under age 75, disabled or have a chronic health history, and have no other household members
(_____ I am supplying a note from my doctor confirming my disability)

NAME _____ ADDRESS _____ ZIP _____

CELL PHONE _____ OTHER PHONE _____

EMAIL _____ I AM THE HOME OWNER _____ I RENT THE HOME _____

If Renting: Home Owner Name _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LIST AT LEAST TWO EMERGENCY CONTACTS:

NAME	ADDRESS, CITY, STATE, ZIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I am applying to have a security Knox Box installed on my door and will allow it to remain on my door until the house is sold or household membership changes
- I **GUARANTEE** that I will notify the Community Services Department if either situation develops
- I understand the installation will be handled through the Brooklyn Heights Fire Department
- I understand that the Knox Box is the **SOLE PROPERTY of the Brooklyn Heights Fire Department and it MUST** be returned if I move

I release the Village, its servants, agents and employees from any liability or damage whatsoever which may arise from the installation and/or removal of the Knox Box at the above noted property. I do certify that the above information submitted is true and accurate.

Signature _____ Date _____

COMMUNITY SERVICES DEPARTMENT: Date Received _____ CSD Approval _____ FD Notified _____

FIRE DEPARTMENT: Installation Date _____ Knox Box # _____ # of Keys _____

Location of Knox Box _____ Key (s) Open: _____

KNOX BOX REMOVAL: Date Request Received _____ Removal Date _____