



LOWER MERION POLICE DEPARTMENT  
LOCKBOX PROGRAM APPLICATION



Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

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

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

**Reason for Application:**

\_\_\_\_\_ I am 55 years of age or older and live alone or am alone on a frequent basis.

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

**Describe Your Medical Condition:**

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

**Emergency Contact Information:**

Contact #1:	Contact #2
Name:	Name:
Home Address:	Home Address:
Phone Number(s):	Phone Number(s):
Relationship:	Relationship:

By participating in the Lockbox Program I authorize the Lower Merion Police Department and/or the Lower Merion Fire Department, Narberth Ambulance Corp., Narberth Police Department, and/or Narberth Fire Department to attach a lockbox to my door and to enter my residence for emergency purposes only.

I assume all responsibility for providing the correct key and agree to hold harmless the above entities.

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

**Date:** \_\_\_\_\_

File for Life Program Literature distributed & on refrigerator \_\_\_\_\_  
(Initials of resident)

Internal use only <input type="checkbox"/> Entered into CAD    Date _____    Initials _____ AUX - 32 (04/2009)
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