

COLLEYVILLE POLICE DEPARTMENT

RESIDENTIAL LOCKBOX PROGRAM APPLICATION

Name: _____
(Last Name) (First Name) (Middle Initial)

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:

Doctor's Name: _____ Phone Number: _____

Emergency Contact Information:

Contact #1:

Name:
Home Address:
Phone Number(s):
Relationship:

Contact #2

Name:
Home Address:
Phone Number(s):
Relationship:

****By participating in the Residential Lockbox Program I authorize the Colleyville Police Department and/or the Colleyville Fire Department to enter my residence for emergency purposes only and to install the lockbox onto my home. 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 actual or 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 this Program.*

Participant's Signature: _____