H.E.L.L.P

Home Entry Lockbox Loaner Program

APPLICATION / LOAN AGREEMENT

Date: _____

Resident Name: _____

Address:_____

Cell Phone:_____ Emergency Contact Phone:_____

Email:_____

Name of Person Completing Form:_____

Relationship To Resident:_____

Phone:_____

Email:_____

Are you the primary emergency contact: ☐ Yes ☐ No

If no please add primary contact name and number here:_____

Important medical information (Mobility Issues, on Oxygen, Medical Alert, ETC.)

_____

Animals on Premise:_____

Please provide a brief description of why a Loaner HomeBox is being requested

I understand that this Draper Fire Department Knox HomeBox is on loan to me at the address provided above. This agreement is for up to one (1) year and I will need to contact the Draper Fire Department if I need it longer. I also understand that I may be held responsible for any replacement cost of the Knox HomeBox if it is damaged or lost.

Signature:_____ Date:_____

For Office Use Only

Draper City Fire Department Knox HomeBox Tag# _____

Box Serial # _____

Location Installed:_____

Employee Accepting Form:_____

Employee Entering Information into First Due:_____

Date Knox HomeBox was removed:_____

Person Removing Knox HomeBox:_____

Key Returned to Resident or Representative: ☐ Yes ☐ No

Printed Name of Resident or Representative:_____

Phone Number:_____

Email:_____

Removed from First Due: ☐ Yes ☐ No