



LACEY TOWNSHIP
POLICE DEPARTMENT
 TELEPHONE: 609-693-6636 EMERGENCY: DIAL 911



Lacey Lock Box Program
 Application

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Reasons 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 I live alone or am alone on a frequent basis

Describe Your Medical Condition:

Doctor's Name: _____ Phone
 Number: _____

Emergency Contact Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please return completed documents to:
 Lacey Police Department
 808 Lacey Road
 Forked River, NJ 08731

Living Will Information:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No

If yes, where is it located? _____

Pet Information:

Dog(s) Yes No If yes, how many and what breeds?

Cat(s) Yes No If yes, how many?

IN OFFICE USE ONLY:

Location of Box:

Box Code: _____



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CONDITIONS:

Under *The Lacey Lock Box Program*, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, police personnel will use their best efforts to utilize the lock box when the time and situation permits.

_____ I UNDERSTAND THAT THE LACEY LOCK BOX PROGRAM IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY, OR MY FRIENDS. **ONLY THE LACEY POLICE DEPARTMENT WILL BE GRANTED ACCESS TO THE LOCKBOX.** REQUESTS FOR NON-EMERGENCY ACCESS MAY RESULT IN TERMINATION OF MY PARTICIPATION IN THE LACEY LOCK BOX PROGRAM AND THE REMOVAL OF THE LOCK BOX. EACH RESIDENT OVER THE AGE OF 18 YEARS AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.

LIABILITY RELEASE:

In consideration of my participation in *The Lacey Lock Box Program*, the undersigned, to the fullest extent permitted by law, hereby agrees on behalf of the undersigned and the undersigned's heirs and representatives, to release, indemnify, and hold harmless the Township of Lacey and their respective employees, officers, and agents from and against any and all claims, suits, judgements, losses, damages,

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personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in *The Lacey Lock Box Program*. The undersigned acknowledges and agrees that the undersigned's participation in *The Lacey Lock Box Program* is voluntary and that said program is being offered only as a courtesy. The undersigned also understands and agrees that *The Lacey Lock Box Program* is not intended to nor does it in any way create or impose a special duty on the Lacey Township Police Department or Lacey Township and their respective employees, officers, and agents regarding the undersigned's safety or well-being of person or property.

Program Participant (Please Print)

Signature

Program Participant (Please Print)

Signature

Program Participant (Please Print)

Signature

Date:

PLEASE NOTE: If the lock box is no longer needed or the keys are changed, please contact the Lacey Police Department at 609-693-6636.

Office use only: CAD Entry Date: _____ Signature/ID: _____
WITNESS TO SIGNATURE
NAME: _____
SIGNATURE: _____
DATE: _____

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