

CITY OF UNIVERSITY HEIGHTS FIRE DEPARTMENT

ROBERT D. PERKO III
INTERIM CHIEF

Residential Lock Box Application

Date:	
Address:	
Signature:	
Emergency Contact Info (Optiona	al):
the City of University Heights, it's I and/or agents (hereafter collectively causes of action, lawsuits and/or dar participation in the City's Residential employees or Police Department emergency call made from and/or received resident/Homeowner further acknot Department make no representation any lock box or lock box product utilized.	Resident and Homeowner agree to indemnify and hold harmless. Fire Department, all other city officials, departments, employees or referred to as the "City"), from any and all liability, claims, mages that may result directly or indirectly from either al Lock Box Program or from the City's Fire Department apployees making entry into the subject residence pursuant to any egarding the subject residence in the case of an emergency. The weldges that the City of University Heights and its Fire is or warranties regarding the fitness for any particular purpose of ilized by the Resident/Homeowner, and the laim against the City and indemnifies and holds harmless the City auses of action, lawsuits and/or damages that may result directly box.
	5.00 (check payable to City of University Heights) cation to the Fire Department, Attn. Fire Prevention Bureau
you to schedule an installation app	yment are received, a Fire Department Official will contact pointment. Please have a copy of your key available and ppointment. Thank you in advance.
FOR FIRE DEPARTMENT USE O	NLY:
Installation Date:	Lock Box Location:
Installed By:	

PLEASE DO NOT SEND KEYS TO THE FIRE STATION OR LEAVE WITH THE APPLICATION