



SEMINOLE COUNTY SHERIFF'S OFFICE
Lockbox Program Application

Date: _____ **Case Number:** _____

Resident # 1 Name: _____
(Last Name) (First Name) (M.I.)

Home Address: _____

Driver's License # _____

Telephone Numbers: Home: _____ Cell: _____

Other: _____

Resident # 2 Name: _____
(Last Name) (First Name) (M.I.)

Home Address: _____

Driver's License # _____

Telephone Numbers: Home: _____ Cell: _____

Other: _____

Resident #1 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 I am alone on a frequent basis.

Resident #2 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 I am alone on a frequent basis.

Vehicle(s): Vehicle Tag # _____ Make _____

Model _____ Color _____

Vehicle Tag # _____ Make _____

Model _____ Color _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Home Address: _____ Phone Number: _____

Liability Release:

In consideration of my participation in the Lockbox Program, the undersigned Resident(s), to the fullest extent permitted by law, jointly and severally hereby AGREES TO WAIVE all liability, rights, claims and causes of action against the Seminole County Sheriff's Office and/or other Joint Responders, their employees and representatives, their successors and assigns arising out of any and all house checks and any event as a result of which property is stolen/vandalized/burglarized, whether temporarily or permanently, in any manner related to the Lockbox Program. The undersigned acknowledges and agrees that the undersigned's participation in the Lockbox Program is voluntary and that the said Program is being offered only as a courtesy. I also understand and agree that the Lockbox Program is not intended in any way whatsoever to create or impose a special duty on Seminole County and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

Conditions:

Under the *Lockbox 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 lockbox is installed, fire and police emergency personnel can only use the lockbox 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 lockbox, fire and police personnel may not be able to, nor have the time to use the lockbox 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, emergency personnel will use their best efforts to utilize the lockbox when time and situation permits.

☐ I UNDERSTAND THAT THE LOCKBOX PROGRAM IS NOT A "LOCK OUT" SERVICE FOR MYSELF, MY FAMILY OR MY FRIENDS.

☐ I UNDERSTAND THAT ABUSE OF THE PROGRAM WILL RESULT IN THE TERMINATION OF MY PARTICIPATION AND REMOVAL OF THE LOCKBOX.