



NORTHAMPTON FIRE RESCUE
26 Carlon Drive
Northampton, MA 01060
Phone: 413-587-1081
Fax: 413-587-1034

Lock Box Application

DATE: _____

NAME: _____

TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE NUMBER: _____

ADDRESS: _____

SIGNATURE: _____

Homeowner and Resident agreed to indemnify and hold harmless the City of Northampton, its Fire and Police Departments, and all other city employees and/or agents, from any and all liability, claims, lawsuits and/or damages that may result from the City's Fire and Police Departments making entry into the subject residence pursuant to any emergency call made from and/or regarding the subject residence in the case of an emergency.

PLEASE PRINT THIS FORM AND MAIL TO:

**NORTHAMPTON FIRE RESCUE
ATTENTION: LOCK BOX PROGRAM**

**26 CARLON DRIVE
NORTHAMPTON, MA 01060**

NOTE: Once this form is received, a Fire Rescue Official will contact you to schedule an installation appointment.

FOR FIRE DEPARTMENT USE ONLY

INSTALLATION DATE: _____ CODE: _____

INSTALLED BY: _____

LOCATION: _____

DO NOT SEND KEYS TO NORTHAMPTON FIRE RESCUE