PROGRAM APPLICATION FORM

APPLICANT INFORMATION The person residing in the home where the lockbox will be installed.

First and Last Name: _____ DOB: ____/____/____

Home Phone #: _____ Cellular Phone #: _____

Driver's License or ID Number _____ State _____ Email: _____

HOUSEHOLD INFORMATION

Street Address: _____

City: _____ State: ___ Zip: _____

Pets Inside: ☐ Yes ☐ No If yes, what kind: _____

If you have an alarm, do you authorize Kyle PD to deactivate? ☐ Yes ☐ No If yes, alarm code: _____

Please check the reason for the application:

☐ I am 65 years of age or older and living alone, or I am alone on a frequent basis.

☐ I have a medical condition that is potentially incapacitating, and I live alone, or I am alone on a frequent basis.

MEDICAL CONDITIONS

Medical Conditions (information will be communicated to first responders if dispatched on your behalf):

_____

_____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact-First/Last Name: _____ Relationship: _____

Primary Phone #: _____ Secondary Phone #: _____

Street Address: _____ City: _____ State: ____ Zip: _____

ADDITIONAL HOUSEHOLD & MEDICAL INFORMATION

Weapons in the Home: ☐ Yes ☐ No If yes, what kind: _____

Primary Care Physician: _____ Phone #: _____

Location of Medications in Home: _____

Please Initial the following statements:

_____ I acknowledge that I will contact the Kyle Police Department if I move or wish to withdraw from the Lockbox Program. I understand that the lockbox is the property of the City of Kyle.

_____ By participating in the Program, I authorize the Kyle Police Department and emergency first responders accompanied by the KPD to enter my residence for emergency purposes only and for the installation/removal of the lockbox on my property.

_____ In consideration for my participation in and benefiting from this Program, the receipt and sufficiency of such consideration are hereby affirmed: I agree to indemnify and hold harmless the City of Kyle, its elected and appointed officials, officers, employees and representatives from any and all actual or alleged claim, demand, lawsuit, liability, loss, damage, injury, or death, including all reasonable cost of defense, arising out of or in any way relating to my participation in this Program.

_____

Signature of applicant Date

Mail, email, or hand deliver completed form to:

Kyle Police Department

Attention: Community Lockbox Program Coordination Team

1700 Kohlers Crossing – Kyle, TX 78640

lockboxprogram@cityofkyle.com

FOR OFFICE USE ONLY

Application Received By: _____ on Date: ____/____/____

Date of Installation: ____/____/____ Installed By: _____

Lockbox unit number: _____