



Project Safe Lock

Last Name: _____ First Name: _____ Middle Initial _____

Home Address: _____

City: _____ State: _____ Home Phone: _____

Other Phone #: _____ Date of Birth: _____

PLEASE DESCRIBE YOUR REASON FOR APPLICATION:

Doctor's Name: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address _____ Home Address _____

Cell Cell Number: _____ Cell Cell Number: _____

LIVINGWILL 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? _____

Location of Lock Box: (INTERNAL USE ONLY)

Shackle Code:

Key Door Code:

Entered in QED:

Please return completed application to:

**Brick Township Police Department
401 Chambers Bridge Road
Brick, NJ 08723**



CONDITIONS:

Under Project Safe Lock, 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, fire and 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, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

_____ I UNDERSTAND THAT PROJECT SAFE LOCK IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND REQUESTS FOR NON-EMERGENCY ACCESS MAY RESULT IN TERMINATION OF MY PARTICIPATION IN PROJECT SAFE LOCK AND WILL RESULT IN THE REMOVAL OF THE LOCKBOX. 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 Project Safe Lock, 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 Brick and their respective employees, officers, and agents from and against any and all claims, suits, judgments, losses, damages, 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 Project Safe Lock. The undersigned acknowledges and agrees that the undersigned's participation in Project Safe Lock is voluntary and that said program is being offered

only as a courtesy. I also understand and agree that Project Safe Lock is not intended to nor does it in any way whatsoever create or impose a special duty on the Brick Township Police Department or Brick Township and their respective employees, officers, and agents regarding the undersigned's safety or well-being of person or property.

Program Participant (Please Print)

Program Participant (Please Print)

Signature of Program Participant

Signature of Program Participant

PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (732) 262-1158 so that we can remove it or change the key placed in the Lockbox. Thank you.

The lockbox will remain the property of the BTPD.

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20_____

SIGNATURE NOTARY PUBLIC

PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES:

Internal Use Only Entered into CAD Date _____ Signature / ID _____
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