



# Winter Park Police Department

Brett C. Railey  
Chief of Police

500 North Virginia Ave  
Winter Park, FL. 32703  
Phone (407) 599-3214

## LOCK BOX PROGRAM APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_

### REASON FOR APPLICATION:

\_\_\_\_\_ I am 65 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 I live alone or am alone on a frequent basis.

\_\_\_\_\_ I am a City of Winter Park resident and would like to pay the \$19.00 fee to participate in the Lock Box Program. (Check made payable to the City of Winter Park).

\*Briefly describe your medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In consideration of my participation in **The Lock Box Program**, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the City of Winter Park and Orange County and their respective employees (Police, Fire and EMS), officers and attorneys from and against all claims, losses, damages, personal injuries (including, but not limited to, death), or liability (including reasonable attorney's fees), directly or indirectly arising from the undersigned's participation in **The Lock Box Program**. The undersigned acknowledges and agrees that the undersigned's participation in **The Lock Box Program** is voluntary and that said program is being offered only as a courtesy to the City of Winter Park residents. I also understand and agree that **The Lock Box Program** is not intended in any way whatsoever to create or impose a special duty on the City of Winter Park and Orange County and their respective employees, officers and attorneys regarding the undersigned's safety or wellbeing.

**CONDITIONS**

Under **The Lock Box 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 lock box is installed, police, fire and EMS 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 (i.e., medical emergency, fire or home invasion), or malfunction of the lock box, emergency personnel may not be able to, nor have time to utilize the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion to 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 the time and situation permits.

**EACH RESIDENT (Over the age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Printed Name of Program Participant

\_\_\_\_\_  
Printed Name of Program Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE NOTE:**

If the lock box is no longer needed or the key to your home changes, please call the Winter Park Police Department Community Policing office (407) 599-3311, so that we can remove or change the key placed in the box.

INTERNAL USE ONLY	
Entered into CAD Date: _____	Signature/ID: _____