RESIDENTIAL
LOCK BOX PROGRAM
APPLICATION

Residential lock boxes are $33.00 each, payable by cash (exact change) or check* / money order made payable to City of Streetsboro.

Send or drop off completed application and payment to:
SFD Lock Box Program, 9184 St. Rt. 43, Streetsboro, OH 44241

* Returned checks subject to fees in accordance with Codified Ordinance 133.04

APPLICANT INFORMATION - INSTALLATION LOCATION

Name: _____

Street Address: _____

Home Phone: _____ Work or Mobile Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Work or Mobile Phone: _____

SECONDARY EMERGENCY CONTACT INFORMATION

Name: _____

Street Address: _____

Home Phone: _____ Work or Mobile Phone: _____

ADDITIONAL PERTINENT INFORMATION

_____

_____

_____

_____

By signing my name below, I understand and agree to the following:

1. The Streetsboro Police and Fire Departments will have access to the residential key box I purchased as part of the city's emergency residential access program.

2. The key I have placed in the box will allow the Police and Fire Department access to my home during a medical emergency or other lawfully authorized reason only.

3. It is my responsibility to report change in status regarding house keys, medical conditions, potential hazards, etc. to the Fire Department in a timely manner by calling the Residential Lock Box Coordinator at 330-626-4664.

4. The City of Streetsboro is held harmless for any and all claims regarding the use or non-use of the residential lock box.

5. I attest that I am the owner or authorized agent for the owner for the property where this residential lock box will be installed.

Print Name:_____ Date:_____

Signature: _____ Relationship to property owner: _____

Office Use Only:

PAYMENT: CHECK ☐ CASH ☐ MONEY ORDER ☐ Amount: $ _____

Date: _____ Received By: _____

Date Sent to Finance Dept./Accts. Payable: _____

By: _____

Lock Box Location (detailed): _____

_____

Date Installed: _____ Time Installed _____ Installed By:_____

Dispatch Info Entered Into Cad:

Date: _____ By: _____