

**Grand Prairie Police Department
Senior Safety Program Key Lockbox Application**

Name: _____
(Last Name) (First Name)

Home Address: _____ **Zip:** _____

Phone: _____ **(Circle one)** Home landline Cell phone

Reason for Application:

_____ I am 65+ years of age, living alone or alone on a frequent basis. **Birthdate** ____/____/____

_____ I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis. **Birthdate** ____/____/____

Briefly describe your medical or general health condition:

Doctor's Name: _____ **Dr. Phone Number:** _____

Emergency Contact Information:

Contact #1

Name:

Phone Number(s):

Relationship:

Home Address:

Contact #2

Name:

Phone Number(s):

Relationship:

Home Address:

***By participating in the Senior Safety Key Lockbox Program I authorize the Grand Prairie Police Department and or the Grand Prairie Fire Department to enter my residence for emergency purposes. I authorize the Grand Prairie Police Department to install a key lockbox on my home and to give the code information to Police/Fire 911 Communications. In consideration for my participation in and benefitting from this Program, I agree to indemnify and hold harmless the City of Grand Prairie, 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 costs of defense, arising out of or in any way relating to my participation in this Program.

Participant's Signature: _____

Date: _____

Mail this form to **GPPD Senior Safety Program, Attn: Volunteer Coordinator, 1525 Arkansas Lane, Grand Prairie, TX 75052.**