Bainbridge Township Fire Department

17822 Chillicothe Road
Chagrin Falls, OH 44023
Geauga County

Office: **440-543-9873**   Fax: **440-543-9091**

Lou Ann Metz, OFE
Fire Chief

Residential Lock Box Application

Applicant Name: _____

Address: _____

Phone: _____   _____

Emergency Contact Name: _____

Address: _____

Phone: _____   _____

Filling out and signing this form the Resident and Homeowner agree to indemnify and hold harmless Bainbridge Township, it's Fire Department, all other Township officials, departments, employees and/or agents (hereafter collectively referred to as the "Township"), from any and all liability, claims, causes of action, lawsuits and/or damages that may result directly or indirectly from either participation in the Township's Residential Lock Box Program or from the Township's Fire Department employees or Police Department employees making entry into the subject residence pursuant to any emergency call made from and/or regarding the subject residence in the case of an emergency. The Resident/Homeowner further acknowledges that Bainbridge Township and its Fire Department make no representations or warranties regarding the fitness for any particular purpose of any lock box or lock box product utilized by the Resident/Homeowner, and the Resident/Homeowner waives any claim against the Township and indemnifies and holds harmless the Township from any and all liability, claims, causes of action, lawsuits and/or damages that may result directly or indirectly from the use of a lock box.

Signature: _____ **Date:** _____

LOCK-BOX FEE IS $35.00 (check payable to Bainbridge Township)

Mail or drop off check and application to:

Bainbridge Fire Department, FPB
17822 Chillicothe Rd.
Chagrin Falls, OH 44023

*** <mark>PLEASE DO NOT SEND KEYS TO THE FIRE STATION</mark> ***

When information and payment are received, a Fire Department representative will contact you to schedule an installation appointment. Please have a copy of your key available and ready at the time of the installation appointment. Thank you!

_____

FOR FIRE DEPARTMENT USE ONLY:

Installation Date: _____ Lock Box Location: _____

Installed By: _____

Fire Safety is Everyone's Responsibility