

DELRAY BEACH FIRE RESCUE



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501 West Atlantic Avenue
Delray Beach, FL 33444



RESIDENTIAL LOCK BOX WAIVER

I hereby request that the City of Delray Fire Rescue assist me by checking, replacing, or servicing a residential lock box. I understand that the residential lock box is only accessible to Delray Beach Fire Rescue Units with the master key and not all Delray Beach Fire Rescue Units are equipped with the master key. Also surrounding Fire Rescue communities may assist in an emergency and those units do not have the master key.

In consideration of my participation in the residential lock box program, I agree to indemnify and hold harmless the City and its officers, employees, agents, and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of defense, which the City or its officers, employees, agents, or instrumentalities may incur as a result of claims, demands, suits, causes of actions, or proceedings of any kind or nature arising out of, relating to, or resulting from the performance of the lock box program.

I acknowledge that in the event of an emergency or malfunction of the residential lock box, Delray Beach Fire Rescue Units may NOT have time to use the lock box system and forcible entry may occur, causing property damage. I hereby release the City of Delray Beach and its officers, employees, agents, and instrumentalities from any and all liability, losses or damages resulting from not using the residential lock box.

I agree to provide sufficient evidence of occupation of the address that the lock box will be used. I agree to maintain a current key to the residence. It will be my sole responsibility to contact Delray Beach Fire Rescue to facilitate any change of the key that is stored in the lock box when the lock is changed, or I move within the City of Delray Beach. To perform this process, call 561-243-7407.

The City of Delray Beach assumes no liability for the security of the Residential Lock Box. Residents are advised to research the benefits versus the risk and make an informed decision.

Please return the residential lock box to Delray Beach Fire Rescue when it is no longer needed.

By completing the application and signing below, I/we hereby consent to the above.

Name(s) of Homeowner(s) : _____

Address : _____

Home Phone : () _____ - _____ Cell Phone : () _____ - _____

Signature : _____ Date : _____

*****FIRE DEPARTMENT STAFF USE ONLY*****

Date Installed : _____

Installed By (Staff Name) : _____

Model of Lock Box (Circle One) : OVER-THE-DOOR DOOR KNOB

Loaner Lock Box (Circle One) : YES NO

IF YES, BOX ID # _____

Date Installed : _____ Date Returned : _____