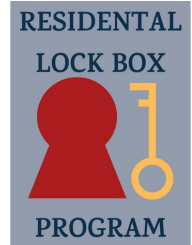




GREENACRES FIRE RESCUE

2995 South Jog Road
Greenacres, FL 33467



RESIDENTIAL LOCK BOX WAIVER

I hereby request that the City of Greenacres Fire Rescue assist me by checking, replacing, or servicing a residential lock box. I understand that the residential lock box is only accessible to Greenacres Fire Rescue Units with the master key and not all Greenacres 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 of Greenacres 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 of Greenacres 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, Greenacres 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 Greenacres 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 Greenacres 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 Greenacres. To perform this process, call 561-642-2129.

The City of Greenacres 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 Greenacres 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 RESCUE STAFF USE ONLY*****

Date Installed : _____

Installed By (Staff Name) : _____

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

Loaner Lock Box (Circle One) : YES NO

IF YES, BOX ID # _____

Date Installed : _____ **Date Returned :** _____