Narragansett Fire Department

40 Caswell St.

Narragansett RI 02882

RESIDENTIAL LOCK BOX WAIVER

I hereby request that the Town of Narragansett Fire Department assist me by checking, replacing, or installing a residential lock box. I understand that the residential lock box is only accessible to Narragansett Fire Rescue Units with the master key and not all Narragansett Units are equipped with said 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 Town 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 Town 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, Narragansett 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 Town of Narragansett 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, and I agree to maintain a current key to the residence. It will be my sole responsibility to contact Narragansett 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 Town of Narragansett. To perform this process, call 401-789-1000.

The Town of Narragansett 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 Narragansett Fire Rescue when it is no longer needed. (you are not obligated to return the lock box if you purchase it)

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): WALL MOUNT DOOR KNOB

Loaner Lock Box (Circle One): YES NO

IF YES, BOX ID #_____

Date Installed: **Date Returned :**