

**GRAFTON TOWNSHIP FIRE DEPARTMENT
APPLICATION FOR LOCK BOX INSTALLATION AND USE**

The Grafton Township "Lock Box" program is managed by the Grafton Township Fire Department (contact info below). All "Lock Boxes" are obtained through Roper Lock Box, LLC, and additional information on the units can be obtained here:

Roper Lock Box, LLC.
7600 Olde Route Eight
Hudson, Ohio 44236
Phone: (330) 656-5148
Fax: (330) 650-6814

*This application will be kept on file at the Grafton Township Fire Department.

Applicant(s) Information

Name: _____

Address: _____

Phone #: _____ Number of persons at this address: _____

Do you or any of your household members have allergies? Y/N

Do you have pets? Y/N

Type of pet(s): _____ Name of Pet(s): _____

Is/are pet(s) friendly? Y/N (additional) _____

Emergency Contact Information

Name(s): _____

Address: _____

Phone #1: _____ Phone #2: _____

Relationship to "Lock Box" participant: _____

The undersigned, on behalf of myself and any of my minor children, hereby agrees to indemnify, release, and hold harmless the Board of Trustees of Grafton Township, Ohio, and the Grafton Township Fire Department, and each of their respective officers, employees, agents and representatives from any and all liability for any injury, accident, theft, loss, or damage to property, or from any other damages or loss which may occur, result from, or that is directly or indirectly connected with the installation and use of the "Lock Box." The undersigned hereby authorizes the Grafton Township Fire Department to install a "Lock Box" at the above address, at a location determined by the applicant and the Grafton Township Fire Department personnel or agents. The undersigned further grants permission to the Grafton Township Fire Department to enter the home in case of emergency. Such "emergency" is determined at the sole discretion of the Grafton Township Fire Department. The undersigned also affirms that they are a person with the authority, rights, and privileges to enter into this agreement with respect to the property at the above address.

Signature: _____

Date: _____

Please return application to:
Grafton Township Fire Department
17109 State Route 83
Grafton, OH 44044
Phone: (440) 926-2166