

Garland Police Department



LOCKBOX PROGRAM APPLICATION

Name: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____

Telephone Numbers: Home: _____ Other: _____

Reason for Application:

_____ I am 65 years of age or older, living alone, or alone on a frequent basis

_____ I have a medical condition that is potentially incapacitating and live alone or I'm alone on a frequent basis

Describe Your Medical Condition:

Doctor's Name: _____ Phone Number: _____

Emergency Contact Information:

Contact #1:

Name:
Home Address:
Phone Number(s):
Relationship:

Contact #2

Name:
Home Address:
Phone Number(s):
Relationship:

****By participating in the Lockbox Program I authorize the Garland Police Department and/or the Garland Fire Department to enter my residence for emergency purposes only*

Participant's Signature: _____