



# Residential Knox-Box Loaner Program Application

Name:

**Own or Rent home? please circle one**

Address:

Home Phone:

Alternate Phone:

Email Address:

List any other persons living in the residence and their relationship:

**Check all circumstances that justify need of a residential knox box:**

|                            |                      |                   |
|----------------------------|----------------------|-------------------|
| Heart Condition            | Known Allergies      | Mobility Impaired |
| Fall Within Last 12 months | Mental Health Issues | Visually Impaired |
| Other:                     |                      |                   |

Emergency Contact:

Emergency Contact Phone:

Relationship:

- I authorize the City of Kannapolis Fire Department and its agents to use and disclose the protected health information described above to evaluate my qualifications for the Knox-Box Loaner Program. This authorization shall remain in effect until rescinded by me.
- I understand that this application does not guarantee a residential Knox-Box will be installed at my residence.
- I further understand and agree that the City of Kannapolis retains sole ownership of the residential Knox-Box, listed below, and that I, or a designee, will make arrangements with Kannapolis Fire Department to return the residential Knox-Box upon the sale of my home, expiration of my rental agreement, relocation, or in the event I no longer wish to participate in the program.
- I acknowledge that I have been given a copy of the residential Knox-Box program agreement and by signing this below, and that I, or a designee, will make arrangements with Kannapolis Fire Department to return the residential Knox-Box upon the sale of my home, expiration of my rental agreement, relocation, or in the event I no longer wish to participate in the program.
- In consideration for being supplied with the residential Knox-Box for my home, I release the City of Kannapolis, its employees and officers from any incidental damage caused to my residence as a result of the installation or removal of the residential Knox-Box.

Signature:

Date:

**FOR KANNAPOLIS FIRE DEPARTMENT ONLY**

**TO INSTALL:**

Knox-Box Serial Number:

Installation Location:

Date Installed:

KFD Personnel:

**TO UNINSTALL:**

Knox-Box Serial Number:

Installation Location:

Reason:

Date Returned:

KFD Personnel: