



PINE-STRAWBERRY FIRE DISTRICT

(SOG 98 Appendix A)

RESIDENTIAL EMS LOCK BOX PROGRAM APPLICATION

Applicant: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Property Owner: _____

Address: _____

Phone: _____ Email: _____

PROGRAM PARTICIPATION RULES (Please initial each area to indicate understanding and agreement.)

_____ I must be the owner or have authorization from the owner to have the lock box installed.

_____ I understand that the lock box remains the property of Pine-Strawberry Fire District and will be returned to the District if no longer in use for its intended purpose.

_____ I agree to provide a key or combination code to be placed in the lock box at time of installation and I agree to notify the fire district and provide a new key or combination if I make changes to my locks.

The owner and applicant indemnify, defend, and save harmless the Pine-Strawberry Fire District "District" and all of its officers, employees, attorneys, agents, representatives and insurers from any and all claims, demands, suits, actions, proceedings, loss, costs, liabilities, and damages of every kind and description, including attorney's fees and/or litigation expenses, which may be brought or made against or incurred by the District and/or its insurers, on account of loss of or damage to any property and for injuries to or death of any person by reason of or arising out of the providing of this lock box pursuant to this agreement, including but not limited to, claims by third parties arising from the installation, use, failure to use, or out of any act or omission by the District, its employees, agents, representatives, or sub-contractors, or arising out of any defects in the methods, equipment or tools used.

Applicant signature: _____ Date: _____

Owner signature: _____ Date: _____

FIRE DISTRICT USE ONLY

Approved by: _____ Date: _____

Installed and tested by: _____ Date: _____

Serial Number of Lock Box: _____