

Brockton's Knox Box Lender Program

Save-A-Door/Save-A-Life

A Key to Rapid Response

Date: _____

Application:

Name:	DOB:
Address:	Apt #:
Home Phone:	Cell Phone:
Reason for Application:	
Disability:	
Names of other residents in home:	
Other relevant information (pets, alarms, medical, etc.):	

Mail Application To:

**Brockton Council on Aging
10 Father Kenney Way
Brockton, MA 02301
ATTN: Janice Fitzgerald**

For Office Use Only:

Knox Box Installation/Retrieval	
Knox Box Number: _____	Knox Box Retrieval Date: _____
Installation Date: _____	
Participant Signature: _____	Participant Signature: _____