

## Brockton Fire Department Fire Prevention Bureau 560 West Street

Brockton, Massachusetts 02301 Office 508-583-2933 Fax 508-584-3416



Recently the Brockton Fire Department responded to your address and was unable to contact a key holder (Emergency Contact). Please fill out this form and return it to our office by either fax of mail. Thank you.

### **Emergency Notification Information**

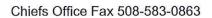
Name of Property
Address of Property
Phone number of Property
Person In Charge
E Mail address to be used for building issues
Emergency Contact 1
Name
Home Phone Number
Cell Phone or Pager Number
Emergency Contact 2
x
Name
Name Home Phone Number
Name  Home Phone Number  Cell Phone or Pager Number
Name Home Phone Number
Name Home Phone Number Cell Phone or Pager Number Emergency Contact 3 Name
Name  Home Phone Number  Cell Phone or Pager Number  Emergency Contact 3



Date

# **Brockton Fire Department**

560 West Street Brockton, Massachusetts 02301





## SECURED KEY ACCESS

### PERMISSION AND RELEASE FORM

l <sub>2</sub> ,	owner, and/or occupant and/or
custodian of premises known as	located at
	, Brockton, MA,
do hereby grant permission to personnel of the	e Brockton Fire Department to use the Secured Key
Access lock box to secure a key or keys to th	e premises for the purpose of quick emergency
access to the premises and its common areas	s for life saving and to operate sprinkler systems, fire
alarm control panels and other fire suppression	on/detection related systems so as to minimize
potential damage caused by a delayed respo	nse of a caretaker.
The aforesaid personnel and the City	of Brockton Fire Department are hereby released from
any liability whatsoever, direct or indirect, aris	sing from loss or theft of the secured Key Access lock
box key for the above mentioned premises from	om any Fire Department Personnel, apparatus or
property, it being understood that the use of t	he Secured Key Access key system of access is solely
for the convenience of the owner/occupant/cu	ustodian of the premises.
The key box shall be of a type approv	ed by the Chief of the Brockton Fire Department and
shall be located and installed as approved by	the said Chief.
I certify that I have the lawful authority	to execute this Permission and Release document.
Signature of Owner/Occupant/Custodian	
Title of Signer	