



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 or 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**

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone or Pager Number \_\_\_\_\_

**Emergency Contact 3**

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone or Pager Number \_\_\_\_\_

Date this form was completed \_\_\_\_\_



# Brockton Fire Department

560 West Street  
Brockton, Massachusetts 02301

Chiefs Office Fax 508-583-0863



## SECURED KEY ACCESS

## PERMISSION AND RELEASE FORM

I, \_\_\_\_\_, owner, and/or occupant and/or  
custodian of premises known as \_\_\_\_\_ located at  
\_\_\_\_\_, Brockton, MA,

do hereby grant permission to personnel of the Brockton Fire Department to use the Secured Key Access lock box to secure a key or keys to the premises for the purpose of quick emergency access to the premises and its common areas for life saving and to operate sprinkler systems, fire alarm control panels and other fire suppression/detection related systems so as to minimize potential damage caused by a delayed response of a caretaker.

The aforesaid personnel and the City of Brockton Fire Department are hereby released from any liability whatsoever, direct or indirect, arising from loss or theft of the secured Key Access lock box key for the above mentioned premises from any Fire Department Personnel, apparatus or property, it being understood that the use of the Secured Key Access key system of access is solely for the convenience of the owner/occupant/custodian of the premises.

The key box shall be of a type approved 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

\_\_\_\_\_  
Date