

Knox Box Lender Program

The Brockton Rotary Club, in conjunction with the Brockton Council on Aging, Old Colony Elder Services and the Brockton Fire Department is offering a Knox Box Lender program to qualified Brockton residents. This program allows the Brockton Fire Department to gain rapid access without causing damage to your residence.

Qualifications

The participant:

- Must be a Brockton resident aged 60 or older
- Must reside in a single family or multi-family dwelling
- Cannot reside in a residential facility or housing complex
- Must have the need for the Knox Box (medical need or history of frequent calls to the home)
- Must be referred by the Council on Aging, Fire or Police Department, Old Colony Elder Services or any other health care agency.

Knox Box

A Knox Box is a secure box that holds a key for access to a participant's residence in the case of an emergency. The Knox Box is secured to an exterior location of the participant's home. The Knox Box makes a key available to the Brockton Fire Department. **Only the Brockton Fire Department controls access to the Knox Box.** Should there be an emergency, the Brockton Fire Department will gain rapid access and handle the emergency without damage to your residence.

The Program would work in the following manner:

Residents who are selected to participate in the program will provide a key to their residence to the Fire department and a list of emergency contacts and contact numbers.

- A sticker will be affixed to the front door indicating the resident is a participant
- A warning indicator will be added to the fire department computer system noting the resident is a program participant
- The Knox Box is mounted next to your apartment door or to the exterior wall of the home
- If participant moves or no longer requires the Knox Box, you must contact the Brockton Rotary Club to arrange for its removal and return it to the Brockton Rotary Club.
- Replacement cost for the Knox Box not returned to the Rotary will be \$187.00.

Save-A-Door/Save-A-Life
A Key to Rapid Response

Rotary



OCES
Providing services to the community since 1974



Brockton's Knox Box Lender Program

Save-A-Door/Save-A-Life

A Key to Rapid Response

Date: _____

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: _____

Knox Box Program Agreement and Waiver of Liability

I, _____ (print name) hereby agree to the following:

1. I am participating in the Knox Box Lender Program, offered through the Brockton Rotary Club, in conjunction with the Brockton Council on Aging, Old Colony Elder Services and the Brockton Fire Department.
2. I certify that I am a Brockton resident, aged 60 or older and I reside in a single family or a multi-family dwelling that is not state or city-owned subsidized housing.
3. In consideration for participation in the program, I agree to allow a permitted person onto my property for the purpose of installing the Knox Box in the appropriate location and also agree to voluntarily provide a copy of my house key to the Brockton Fire Department for placement in the lockbox.
4. I agree to abide by and cooperate with the procedures of installation and maintenance of the Knox Box. I further agree that if I move from the residence and/or no longer require the use of the Knox Box, I, or a family member, will contact the Brockton Rotary Club to arrange for the removal and return of the Knox Box.
5. In consideration of my participation in the program, I agree to assume full responsibility for any risks, property damage or personal injuries, known or unknown, which might be incurred as a result of my participation in the program. I hereby release, indemnify and hold harmless the City of Brockton, the Brockton Fire Department, the Brockton Council on Aging, Old Colony Elder Services and the Brockton Rotary Club from any and all liability whatsoever, direct or indirect, including but not limited to property damage, losses, personal injuries, actions, claims, rights, judgments, executions of whatever nature, which are foreseen or unforeseen, known or unknown, direct or indirect, now or hereafter arising out of or resulting from the participation in the Knox Box Program, *including but not limited* to installation and maintenance of the Knox Box, access to the Knox Box, emergency use of the Knox Box and any incident in furtherance or resulting from the access to the box and/or my residence.
6. I understand that the City of Brockton, Brockton Fire Department, Brockton Council on Aging, Old Colony Elder Services and the Brockton Rotary Club make no representations, express or implied, as to warranty, merchantability, fitness for a particular purpose or otherwise regarding the condition of the Knox Box.

I have read the above agreement and waiver of liability and understand the contents of this document. In addition, I voluntarily agree to the terms and conditions stated herein.

Signature of Recipient: _____ Date: _____

Address _____



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