

## Emergency Key Access Program Application

Occupant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you currently subscribing to an alarm/monitoring/notification service (ie: Lifeline) at the above address? ☐ Yes ☐ No

If you checked "yes" please provide service name address and telephone number:

\_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(if different from above)

Address: \_\_\_\_\_

### Emergency Notification Information

Please indicate other key holders or person to notify in case of emergency:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Is this person a key holder: ☐ Yes ☐ No

Is this person a key holder: ☐ Yes ☐ No

### Authorization

*This service is to allow the Mendon Fire Department immediate access to the above identified property in the event of a reported or perceived fire or medical emergency through the use of a pass key system. The pass key system and equipment are provided based upon availability from the Mendon Fire Department however the undersigned is responsible to provide current access key(s) for the above identified location.*

*By accepting this service, the undersigned hereby releases the Town of Mendon, the Mendon Fire Department and their respective officers and personnel from any responsibility or liability for any loss, cost, damage, fee, expense or claim of any nature arising from or related to the service.*

*All equipment related to or used in the service shall remain property of the Town of Mendon Fire Department and shall be removed and returned upon termination of the service by the undersigned or the Fire Chief or his designee.*

\_\_\_\_\_  
signature      date

\_\_\_\_\_  
applicant

For Office Use Only: Date installed: By: \_\_\_\_\_

Date removed: By: \_\_\_\_\_