



**HINCKLEY FIRE DEPARTMENT**  
1616 RIDGE ROAD  
HINCKLEY, OHIO 44233  
330-278-2591  
JESTIN GROSSENBAUGH, FIRE CHIEF

## **Hinckley Fire Department Community**

### **Benefit Fund Inc.**

(A 501-63 Organization)

### **Residential Lock Box Agreement**

*The Hinckley Fire Department Community Benefit Fund, Inc. has residential lock boxes available to Hinckley Township resident. The secure storage units allow the occupant of a residential unit to place entry keys in a safe place for quick access by Fire and EMS responders.*

*A residential lock box will be installed by Hinckley Fire Department Community Benefit Fund, Inc. personnel on the front entrance door jam on the hinge side. This uniform location will allow emergency responders to quickly access keys in the event of an emergency.*

*Once installed, the owner will place the appropriate keys in the vault which will then be locked. The Hinckley Township Fire Department and the Hinckley Township Police Department will be the only key holders to the residential lock box.*

*The undersigned understands that by signing this document they are authorizing Fire, EMS and Police Officers of the Hinckley Fire Department and Hinckley Police Department to enter their home in the event of a medical emergency and/or the possibility of a medical emergency where all attempts to contact the resident have not been successful and there is reasonable cause to believe the resident may be unable to respond.*

*The undersigned hereby agrees to indemnify and hold harmless the Hinckley Fire Department Community Benefit Fund, Inc. its officers, agents, employees with respect to any and all claims including, but not limited to, claims for bodily injury, property damage, loss of services and other claims for damages of any nature whatsoever arising out of or related in any way to participation in said program. This agreement is executed under no duress and specifically applies to any and all claims, which may be asserted by or against this participant and/or the legal guardian(s).*

Resident (or Agent) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date: Date \_\_\_\_\_

Signature \_\_\_\_\_