



# KNOX BOX

## SENIOR LOAN REQUEST APPLICATION

FUNDING TO SUPPORT THIS PROGRAM PROVIDED BY  
LIVINGSTON COUNTY SENIOR TAX BOARD



AGING IN PLACE  
LIVINGSTON COUNTY

DATE OF APPLICATION:	
PERSON IN NEED:	
ADDRESS:	
CITY:	
PHONE NUMBER:	
LOCATION (FRONT DOOR/BACK DOOR):	
DOES THIS PERSON LIVE ALONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THIS PERSON ON A FIXED INCOME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAMILY MEMBER/CONTACT:	
PHONE NUMBER:	
ARE THERE ALARMS WITHIN THE HOME SUCH AS FIRE, MEDICAL OR OTHER TYPES? LIST BELOW:	
COMPANY:	PHONE:
COMPANY:	PHONE:

### LOAN AGREEMENT

I understand that only on-duty members of the Chillicothe Fire Department have access to the contents of the KNOX-BOX. I also understand that I must provide keys for any areas on my property that I want the responding department to have access.

I understand that Chillicothe Fire Department personnel will install the KNOX-BOX on my door, and it is possible some incidental damage to the door could occur during installation and use.

I understand that it is my obligation to notify the Chillicothe Fire Department if the locks to my home change and make notification to the Chillicothe Fire Department so that it can place the new key in the KNOX-BOX.

I will also notify anyone else residing within this residence of the possibility that first responders may enter the residence to provide emergency services including fire response and patient care without previously notifying all inhabitants.

I will contact Chillicothe Fire Department to make arrangements for the return of the loaned KNOX-BOX once I no longer require this service.

I am responsible for any damage or loss of the KNOX-BOX while it's in my custody.

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**RELEASE**

In consideration of my participation in the residential Knox Box loan program, the undersigned for himself/herself and his/her family, heirs, successors and assigns, to the fullest extent permitted by law, agrees to indemnify and hold harmless the Livingston County Senior Tax Board and City of Chillicothe and its employees, officers, and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), liability, costs or expense (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the residential Knox Box loan program and use of the Knox Box.

The undersigned acknowledges and agrees that the undersigned's participation in the residential Knox Box loan program is voluntary. The undersigned also understands and agrees that participating in the residential Knox Box program is not intended in any way whatsoever to create or impose a special duty on the Livingston County Senior Tax Board and City of Chillicothe, its Fire Department, and their employees, officers, and agents regarding the undersigned's safety or wellbeing or property.

AFTER READING THE LOAN AGREEMENT AND RELEASE, SIGN BELOW IF YOU AGREE TO THE TERMS:

SIGNATURE OF PERSON TO RECEIVE BOX	DATE
SIGNATURE OF FAMILY MEMBER/CONTACT	DATE

**FIRE DEPARTMENT USE ONLY:**

KNOX BOX IDENTIFICATION NUMBER:	
DATE OF INSTALLATION:	
ANTICIPATED DATE OF RETURN/REAPPLICATION:	

**ALWAYS CALL  
9-1-1  
IN AN EMERGENCY!**

