



Fire Department

Residential Knox Box Program Application

Name:			
Address:			
City/State/Zip Code:			
Phone Number:	Best Time To Contact	AM	PM

Please answer the following questions. All applicants are reviewed and priorities are given to senior citizens with disabilities. Please check any of the following items that apply to you or the applicant

Frequent Falls		Terminally Ill		Use Walker/Cane	
Use Walker/Cane		Limited Mobility		Use Wheel Chair	
Use Wheel Chair		Bed Ridden		Utilize Hospice	
Utilize Hospice		Visiting Nurse Assistance		Medical Alarm User	
Key Holder > 5 Minutes					

Please allow two weeks for the application to be processed and reviewed. You will be notified by the Fire Inspector if you have qualified for this program. If you are mailing the application please mail to it Kochville Township Fire Depart ATT: Fire Inspector 5865 Mackinaw Rd Saginaw, MI 48604

Applicant Signature:	Date:
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Office Use Only

Date Received:	Installation Date:	
Safety Inspection Performed	CIPP Completed	Smoke Alarm and Carbon Monoxide Alarms Checked
Batteries Provided:	Quantity	

Fire Official Signature:
