

Name of Property Owner/Occupant(s): \_\_\_\_\_

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

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

Name of Applicant: \_\_\_\_\_

I understand and acknowledge that if I qualify for and receive a Fire Department-owned Knox Box, it shall remain the property of the City of Woodhaven. The Knox Box shall be returned to the City of Woodhaven when it is no longer needed.

I hereby grant permission to the City of Woodhaven Fire Department personnel to access and enter my house for the purpose of responding to an emergency call or conduct a welfare check on my behalf which may include local Emergency Medical or Law Enforcement personnel. I agree to permit the City of Woodhaven Fire Department to install the Knox Box on the door of my home, or on an exterior wall, or wherever the Fire Department decides is the optimal place to locate the box; and place a sticker indicating the presence of the Knox Box on a door and/or windows, if applicable. I will hold harmless and waive any and all liability the City of Woodhaven Fire Department may cause for any damage caused in the installation of the Knox Box.

As consideration for the City of Woodhaven providing Knox Box service and installation to me at the address listed above, I, as the owner(s) of the property and/or as the occupant(s) of the property authorized to act on the owner's behalf, on behalf of myself, my heirs, administrators, successors and assigns do hereby collectively release, hold harmless, and agree to indemnify the City of Woodhaven, its officials and employees from any claims, damages, or other liability of every kind, nature and description, including reasonable attorneys fees, in connection with my participation in the Knox Box Program.

\_\_\_\_\_  
Property Owner/Occupant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Return Completed Application to:

City of Woodhaven  
Fire Department  
23040 Hall Rd  
Woodhaven, MI 48183  
Phone (734) 675-4918