<u>Fire Lock Box Program – Application Form</u> <u>Whitchurch-Stouffville Fire & Emergency Services</u> <u>Telephone: 905 640-9595 Fax: 905 640-9517</u>

Address:	Building Name:
Contact Person 1:	Contact Person 2:
Name:	Name:
Relation to Property:	Relation to Property:
Phone Number:	Phone Number:
Email Address:	Email Address:
Example List of Keys to be provided for Lock Boxes:	
 Main Entrance Key Service Room Key(s) Access Control Card(s) Fire Alarm Control Panel Key(s) □ Elevator Key(s) □ Other: 	
Terms of the Fire Lock Box Program:	
The Participant provides the Town of Whitchurch Stouffville Fire & Emergency Services Department the right to enter the Premises by utilizing the key in the lock box. Such right may be exercised by the Town of Whitchurch Stouffville Fire & Emergency Services Department without providing prior notice to the Participant in the event of fire, suspected fire or other emergencies.	
The Participant HEREBY RELEASES the Town of Whitchurch Stouffville, Town of Whitchurch Stouffville Fire & Emergency Services Department its officers and employees from and against all claims, demands, losses, costs, charges and other proceedings as a result of loss, damage or injury to any person (including death) or property directly or indirectly arising out of the operation of the Fire Lock Box Program.	
The Participant is responsible for notifying the Town of Whitchurch Stouffville Fire & Emergency Services Department of any changes to the key(s) in the lock box.	
Applicants Name:	Applicants Signature:
Submit the completed application form and cheque in the amount of \$150.00 (tax included) payable to: Town of Whitchurch Stouffville.	
Mailing Address:	
Whitchurch-Stouffville Fire & Emergency Services 100 Weldon Rd. Stouffville, ON L4A 1N2 Attn: Fire Prevention	
Fire Department Use Only	
Date Application Received:	Payment Received:
Date Lock Box In-Service:	Keys Checked for Operation:
Checked By:	<u>I</u>