



LEMONT FIRE PROTECTION DISTRICT



BUREAU OF FIRE PREVENTION

15900 New Avenue
Lemont, IL 60439
Business: (630) 257-0191
Fax: (630) 257-5318
lemontfire.com
fpb@lemontfire.com

The Lemont Fire Protection District has established a Temporary Residential Knox Box Program for residents of the Lemont Fire Protection District. The Temporary Residential Knox Box program provides a secured means of access to your home in case of a medical emergency. Knox Boxes are safe, secure, and UL tested. With this box in place, emergency responders can gain access to the resident in need without forcing entry and causing damage to the residence. They simply remove the entrance key stored inside, provide medical assistance and relock your door when they leave. The Knox Box is easily secured to your front door or may be attached to your home's exterior structure.

The Temporary Residential Knox Box is ideal for individuals who:

- Have a history of medical problems and live alone
- Recuperating at home from hospital stay
- Have a medical alert pendant or home medical alert system

The Temporary Residential Knox Box is available for those who meet the criteria listed above. There are a limited number of Knox Boxes available and are to be used for short term purposes. The Lemont Fire Protection District offers this service for a deposit fee of \$100.00 which will be refunded upon the return of the Knox Box when this service is no longer needed. If the term of usage should exceed two (2) years, recommendation would be to purchase a Knox Box.

Application and installation process:

- You may pick up your application at Lemont Fire Protection District, 15900 New Avenue, Lemont, IL. 60439 or off our web site: www.lemontfire.com.
- Submit your application to Lemont Fire Protection District for review.
- If approved you will be notified for installation instructions.
- A representative from the Fire District will meet with you to answer any questions you may have.

Residences equipped with fire alarm/sprinkler systems are recommended to purchase a Knox Box.

FILL OUT FOLLOWING TWO PAGE APPLICATION AND RETURN TO:

Lemont Fire Protection District/Fire Prevention Bureau
15900 New Avenue
Lemont, IL. 60439
630-257-0191, or fax 630-257- 5318



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**Lemont Fire Protection District
Residential Knox Box Application**

Occupant Name:

_____ Date: _____
Last First M.I.

Address:

_____ Apartment/Unit# _____
Street Address
_____ City State ZIP Code

Phone :() _____ E-mail Address: _____

Secondary Contact:

Name: _____ Phone: () _____

E-mail address: _____

Reason for Request of Knox Box:

I understand that if I qualify for and receive a Fire District-owned Knox Box, it shall remain the property of the Lemont Fire Protection District. The Knox Box shall be returned to the District when it is no longer used (it is not transferrable to other properties).

I hereby grant permission to Lemont Fire Protection District personnel to access and enter my residence for the purpose of rendering emergency care or to check on my well being. Access is granted to Emergency Medical/Fire personnel and Law Enforcement personnel.

I agree to allow the Lemont Fire District personnel to install the Knox Box on the door of my residence, and place a sticker indicating the presence of the Knox Box on my door/or windows, if applicable. If mounting of Knox Box is required, resident will be responsible for proper mounting and removal to their residence.

As consideration for the Lemont Fire Protection District providing Knox Box service and installation to me at the above listed address, I, as owner(s) of the property and/or as the occupants(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 Lemont Fire Protection District, 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 Residential Knox Box Program.

Property Owner/Occupant Signature

Property Owner /Occupant Signature

Print Name

Print Name

Date

Date

For Fire District Use Only

Date Knox Box Placed: _____ Knox Box Serial Number: _____

Location Knox Box Placed: _____

My Medical Information Sheet Completed: YES NO

Smoke Detectors/CO Detector Operational: YES NO

Fire Safety Checks Completed: YES NO

Dispatch Notified of Knox Box Installation: YES NO

Installed By: _____ Deposit Received #: _____

Signature of Occupant/Owner: _____ Date: _____

EMS Director/Fire Prevention Signature: _____ Date: _____

Deposit Returned #: _____ Signature: _____ Date: _____

EMS Director/Fire Prevention Signature: _____ Date: _____

Comments:

