

### ***What is the Emergency Key Access Program?***

This program allows emergency response personnel immediate access to your home in the event of a fire or medical emergency. A key box is attached to your door and your key is locked inside that box. If an emergency occurs, fire or medical personnel can gain immediate entry without causing damage to your property. The pass key system we are using to protect more than 20 business and local government buildings in Uxbridge will be extended to homes under this program

### ***Who should participate in the program?***

Any resident that may experience difficulty in providing access to responders. Lifeline subscribers, for example, may be able to summon help but not be able to let firefighters or EMTs into their home.

### ***What is the cost for this service?***

There is no cost to you. The Fire Department will provide available equipment and you supply a key. There is no subscription fee or charge.

### ***How can I participate?***

Complete the enclosed application and return it to the Uxbridge Fire Department, 25 South Main Street, Uxbridge MA 01569. We will contact you and schedule an appointment with you for installation.

The Uxbridge Fire Department uses Supra key safe equipment (similar to the picture below).



***If you have questions or would like more information, call 508-278-2787***

## **Uxbridge Fire Department**



## **Emergency Key Access Program**

**Equipment donated by the Uxbridge Firefighters Association**

## Emergency Key Access Program

### Application

Occupant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Are you currently subscribing to an alarm/monitoring/notification service  
(ie: Lifeline) at the above address? ☐ Yes ☐ No

If you checked "yes" please provide service name address and telephone number:

\_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(if different from above)

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

### Emergency Notification Information

Please indicate other key holders or person to notify in case of emergency:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Work Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Is this person a key holder: ☐ Yes ☐ No

Is this person a key holder: ☐ Yes ☐ No

## Authorization

*This service is to allow the Uxbridge Fire Department immediate access to the above identified property in the event of a reported or perceived fire or medical emergency through the use of a pass key system. The pass key system and equipment are provided based upon availability from the Uxbridge Fire Department, however the undersigned is responsible to provide current access key(s) for the above identified location.*

*By accepting this service the undersigned hereby releases the Town of Uxbridge, the Uxbridge Fire Department and their respective officers and personnel from any responsibility or liability for any loss, cost, damage, fee, expense or claim of any nature arising from or related to the service.*

*All equipment related to or used in the service shall remain property of the Town of Uxbridge Fire Department and shall be removed and returned upon termination of the service by the undersigned or the Fire Chief or his designee.*

\_\_\_\_\_  
applicant signature

\_\_\_\_\_  
date

**For Office Use Only: Date installed:**  
**Date removed:**

**By:**  
**By:**