



ANDOVER FIRE RESCUE
32 North Main Street
Andover, MA 01810
Phone: 978-475-1281
Fax: 978-475-6654

Lock Box Application

DATE: _____

NAME: _____

TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE NUMBER: _____

ADDRESS: _____

SIGNATURE: _____

Homeowner and Resident agreed to indemnify and hold harmless the Town of Andover, its Fire and Police Departments, and all other town employees and/or agents, from any and all liability, claims, lawsuits and/or damages that may result from the Town's Fire and Police Departments making entry into the subject residence pursuant to any emergency call made from and/or regarding the subject residence in the case of an emergency.

**PLEASE PRINT THIS FORM AND MAIL TO:
ANDOVER FIRE RESCUE
ATTENTION: CHIEF MICHAEL B. MANSFIELD
32 NORTH MAIN STREET
ANDOVER, MA 01810**

NOTE: Once this form is received, a Fire Rescue Official will contact you to schedule an installation appointment. Please have a copy of your key available at the time of the installation appointment. Thank you.

FOR FIRE DEPARTMENT USE ONLY

INSTALLATION DATE: _____ START TIME: _____ END TIME: _____

INSTALLED BY: _____

LOCATION: _____

DO NOT SEND KEYS TO ANDOVER FIRE RESCUE