



City of Bay Village

Bureau of Fire Prevention & Safety
28100 Wolf Road
Bay Village, Ohio 44140



RESIDENTIAL LOCKBOX PROGRAM

PHONE 440.871.3691 • FAX 440.871.3787

EMERGENCY INFORMATION

The following information will be kept on file with the Fire and/or Police Departments as well as in your lockbox to assist us in responding to your emergency requests.

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

EMERGENCY CONTACTS: (Name / Address / Phone # / Relationship)

1) _____

2) _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

DOCTOR: _____ PHONE#: _____

HOSPITAL PREFERENCE: Fairview _____ Lakewood _____ Saint John _____

PETS (Type & Name) _____

The undersigned hereby authorizes the City of Bay Village to install a lockbox at a location determined by the City. The undersigned further grants permission and allows access into the home in case of emergency as determined by the City of Bay Village.

Signature

Date