



Naperville Fire Department

Division of Community Risk Reduction

1380 Aurora Ave.
Naperville, IL. 60540
(630) 420-6756
fireinspections@naperville.il.us

The Naperville Fire Department Division of Community Risk Reduction has established a Temporary Residential Lock Box Program for residents of the City of Naperville. The Temporary Lock Box program provides a secure means of access to your home in case of a medical emergency. Lock 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 Lock Box is easily secured over the top of your front door, no drilling required.

If you are approved for a lock box you will be required to register with “Community Connect” (<https://www.naperville.il.us/services/naperville-fire-department/programs-and-services/community-connect/>) and a member of our Community Advocate Response Team will conduct a safety check of your home which will include a smoke detector check. After the inspection you will be advised of the possible issues and recommendations for correction.

The Temporary Residential Lock Box for individuals who:

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

The Temporary Lock Box is available for those who meet the criteria listed above. There are a limited number of Lock Boxes available and are to be used for short-term purposes. The Naperville Fire Department offers this service for free. If the term of usage should exceed (6) months, the recommendation would be to purchase a Lock Box.

Application and installation process:

- You may pick up your application at the Naperville Fire Department 1380 Aurora Ave. or online at www.naperville.il.us
- Submit your application to The Division of Community Risk Reduction for review.
- If approved you will be notified of installation instructions.
- A representative from the Fire Department will meet with you to answer any questions you may have.

FILL OUT FOLLOWING TWO PAGE APPLICATION AND RETURN TO:

Naperville Fire Department
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Naperville, IL. 60540



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**Community Risk Reduction
Residential Lock 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 Lock Box:

I understand that if I qualify for and receive a department owned Lock Box, it shall remain the property of the Naperville Fire Department. The Lock Box shall be returned to the department when it is no longer used (it is not transferrable to other properties).

I hereby grant permission to the Naperville Fire Department personnel to access and enter my residence for the purpose of rendering emergency care or to check on my wellbeing. Access is granted to Emergency Medical/Fire personnel. I agree to allow the Naperville Fire Department personnel to install the Lock Box on the door of my residence,

As consideration for the Naperville Fire Department providing Lock 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 Naperville Fire Department, its officials and employees from any claims, damages, or other liability of every kind, nature and description, including reasonable attorney's fees, in connection with my participation in the Residential Lock Box Program.

Property Owner/Occupant Signature

Property Owner /Occupant Signature

Print Name

Print Name

Date

Date

=====
For Fire Department Use Only
=====

Date Lock Box Placed: _____ Lock Box Serial Number: _____

Location Lock Box Placed: _____

My Medical Information Sheet Completed:	YES	NO
Registered for Community Connect	YES	NO
Smoke Detectors/CO Detector Operational:	YES	NO
Fire Safety Checks Completed:	YES	NO
Dispatch Notified of Lock Box Installation:	YES	NO

Installed By: _____

Signature of Occupant/Owner: _____ Date: _____

Community Risk Reduction Manager Signature _____ Date: _____

Returned: