



OCEAN TOWNSHIP POLICE RESIDENTIAL LOCKBOX PROGRAM

The Ocean Township Police Department's residential lock box program is designed to expedite access to senior adults in their own homes during medical or other emergencies. The lockbox program also reduces the likelihood of property damaged caused by forced entry in response to an emergency call.

ELIGIBILITY

The lockbox program is open to all Ocean Township residents who either **live alone** or must be **left alone on a regular basis** and:

- Are age 55 and above
- Are under 55, with a major medical issue that could render them incapacitated or unconscious.

HOW THE PROGRAM WORKS

The eligible participant will complete a Lockbox Program Application to the Ocean Township Police Department. Applications can be picked up at the front desk of the Police Department or available at twpocennj.gov/police

Completed applications can be dropped off, mailed to Ocean Township Police at 50 Railroad Ave. Waretown, NJ 08758 or emailed to SMurphy@twpoceannj.gov

Once the application is approved, an Officer will contact the participant and arrange to meet at the home to review the program and place lockbox.

The participant will provide a spare house key to the Officer at which time we will place the key within the lockbox and set the code.

The lockbox will only be used during an emergency call, and when responders cannot make entry without using force. At no time will the lockbox be used or will entry be made without authorization.

The lockbox code will only be available to Emergency Personnel, the homeowner will not have the access code as this prevents misuse of the lockbox and they key not being returned.

There is no cost to participate in the Lockbox Program other than the cost of the spare key.

A participant may withdraw from the Lockbox Program at any time by contacting the Police Department at (609) 693-4007. The lockbox will be removed from the residence and the spare key returned.



OCEAN TOWNSHIP POLICE RESIDENTIAL LOCKBOX PROGRAM APPLICATION

Name: _____
(Last Name) (First Name)

Home Address: _____

Telephone Numbers: Home: _____ **Other:** _____

Reason for Application:

_____ I am 55 years of age or older, living alone, or alone on a frequent basis.

_____ I have a medical condition that is potentially incapacitating and live alone, or I am alone on a frequent basis.

Doctor's Name & Phone Number: _____

Emergency Contact Information:

Contact#1: _____	Contact#2: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone Number(s): _____	Phone Number(s): _____
Relationship: _____	Relationship: _____

*****By participating in the Lockbox Program, I authorize the Ocean Township Police Department to enter my residence for emergency purposes only.**

Participant's Signature: _____