



## **RICHMOND POLICE DEPARTMENT HOME ASSISTANCE PROGRAM AND LIABILITY WAIVER**

Attached are questions for you to complete to aid your Police Department, Fire Department and EMS in assisting you in an emergency. Please do not feel obligated to answer any question(s) you feel we do not need to know. We, collectively as your Public Safety response team, are here to protect and serve you and only wish to help in any way we can.

By signing this and the attached questionnaire, you **are not** giving us any more rights than we already have for an emergency situation. You are only allowing us access, via a key/code, should you need assistance. The Key Storage Security Lock that you purchase belongs to you. This department will only store the information you provide on these forms in the department's dispatch center. If an emergency situation arises, and we must gain entry into your home to check on you or assist you when you cannot allow us access, Officers will always leave their business card prior to leaving and securing the residence. **We will NOT open the door for family or friends, nor allow them entry into your residence without you being there and your verbal permission.**

The Richmond Police Department will not be responsible for your lock or your property. The combination should be treated as guarded information and it should only be given to people you trust.

The lock will be placed on the front address side of the residence and secured through the manufacturer's recommendation. If you need assistance with this installation, please contact the Police Department and we will help you.





# RICHMOND POLICE DEPARTMENT HOME ASSISTANCE PROGRAM INFORMATION SHEET

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_ Combination to Lock Box: \_\_\_\_\_

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

Resident's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference (if any): \_\_\_\_\_

Any Officer Safety Issues (i.e. dogs, animals, HIV, hepatitis, any oxygen tanks etc.): \_\_\_\_\_

## #1 CONTACT PERSON:

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

Phone Number: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_

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

## #2 CONTACT PERSON:

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

Phone Number: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_

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

## #3 CONTACT PERSON:

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

Phone Number: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_

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

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Signature of Resident: \_\_\_\_\_

Signature of Responsible Family Member (if applicable): \_\_\_\_\_

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

**The Richmond Police Department will never ask for the lock box combination over the phone.  
You will always deal with a uniformed Richmond Police Officer or a dispatcher while at the station.**

Please inform us of any changes or if you have any questions, please call 586.727.4000