



City of Bay Village

Fire Department
28100 Wolf Road
Bay Village, Ohio 44140



RESIDENTIAL LOCKBOX PROGRAM

PHONE 440.871.1214 • FAX 440.871.3787

RESIDENTIAL LOCKBOX EMERGENCY INFORMATION

The following information will be kept on file with the Fire Department 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: Avon Clinic _____ Fairview General _____ Saint John Medical Ctr _____

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