



Ross Township Fire Department

Chief Steve Miller, OFE

PO Box 71
Ross, Ohio 45061
Phone: (513)863-3410

Application for Residential Knox Box Program

Applicant Personal Information

Applicant Name: _____
Last First M.I.

Home Address: _____
Street Address Apartment #

City State Zip Code

Home Phone: () _____ Alt Phone: () _____

E-mail Address: _____

Spouse's Name: _____
Last First M.I.

Emergency Contact: _____
Last First M.I.

Emergency Contact Phone: () _____ Alt Phone: () _____

Applicant Historical Information

Check all that apply:

- Recent medical procedure limiting mobility
- History of chronic illness
- Recuperation from recent hospital stay
- Elderly living alone
- Have electronic call/medical alert service
- Concern for loved one
- In home health care required
- Special medical condition
- Other : _____

Signature

X _____
Applicant Signature Date

Do Not Write Below This Line - For Department Use Only

Date Received: _____ Received By: _____
Print Name Signature

Review Date: _____ Reviewed By: _____
Print Name Signature

Status: - Approved - Waiting List - Denied _____
Due To

Knox Box S/N: _____ Date Released to Resident _____ Location Installed _____

BCCC Notified By: _____ Date: _____
Print Name Signature