

**APPLICATION FOR PARTICIPATION
CITY OF AVON LOCK BOX PROGRAM**

Please complete this application, attach a check for \$35 payable to CITY OF AVON, and drop it off or mail it to the Avon Senior Center, 36786 Detroit Rd., Avon OH 44011. At the same time, we encourage you to pick up a File of Life packet and follow its instructions. It will be very helpful in case of an emergency in your home. Fill out a separate File of Life packet for each person at the same address.

The undersigned hereby authorizes the City of Avon to install a box at a location determined by the City and further grants permission to the Avon Fire Department personnel to enter the home in case of an emergency as determined by the City of Avon Fire Department.

Name _____

Address _____ Phone _____

Signature _____ Date _____

For Office:

Payment: Credit card _____ Check # _____ Received by: _____