



San Ramon Valley Fire Protection District  
Community Risk Reduction Division  
2401 Crow Canyon Road, Suite A, San Ramon, CA 94583  
925.838.6600 www.firedepartment.org

## RESIDENTIAL KNOXBOX LOANER PROGRAM APPLICATION

Please complete and submit this Application to the District at 2401 Crow Canyon Road, Suite A, San Ramon or via email to [frontdeskstaff@srvfire.ca.gov](mailto:frontdeskstaff@srvfire.ca.gov).

### 1. Occupant Information

Occupant Full Legal Name	
Date of Birth	
Phone (Home/Cell)	
Date of Application	
Property Address for Installation	
Unit/Apartment Number (if applicable)	
Email Address	

### 2. Applicant Information *(if different from occupant)*

Applicant Full Legal Name	
Phone (Home/Cell)	
Email Address	

### 3. Dwelling Type

Please select one:

- Attached (Apartment, Condo, Townhome, etc.) or  
 Detached (Single Family Home)

### 4. Property Owner Information *(If different from occupant)*

Owner Full Legal Name	
Phone (Home/Cell)	
Email Address	

### 5. Alarm System Information

A. Are there alarms within the home?

- Fire  
 Medical  
 Other: \_\_\_\_\_

B. Is the alarm monitored by a alarm company?

No

Yes

Alarm company name:	
Alarm Company Phone Number:	

**6. Eligibility Requirements**

A. To qualify for the Knox Box Loaner Program, the applicant must be a resident within the District service area and meet at least one of the following criteria (select one):

**62 years of age or older**

**Has a Disability**

as defined by the Americans with Disabilities Act (ADA) Title 42, Chapter 126, Section 12102(1).

**Needs assistance with one or more Major Life Activities**

which include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, or lifting, among others. See ADA Title 42, Chapter 126, Section 12102(2)(A) for more information.

B. Description of Need.

Please provide a brief explanation of why a KnoxBox is needed:

**7. Program Availability Notice**

The San Ramon Valley Fire Protection District will make every effort to provide this service. However, due to limited KnoxBox availability, there may be a waiting period before a loaner unit can be issued. Residents may also purchase their own residential KnoxBox directly at: [www.knoxhomebox.com](http://www.knoxhomebox.com) and contact the District when KnoxBox is ready to be installed. (District staff is required to lock the box).

**San Ramon Valley Fire Protection District  
Residential KnoxBox Loaner Program Agreement  
(Permit to Enter and KnoxBox Authorization)**

Property Address (“Property”):

Street Address:		City:	
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**1. Acknowledgment and Authorization**

I, \_\_\_\_\_, am:

the Occupant of the above Property, or

an Authorized Representative with legal authority to act on behalf of the Occupant.

Specify relationship:	
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By signing this agreement (Agreement), I confirm that I have the authority to authorize access to the Property and agree to the following:

- I agree to participate San Ramon Valley Fire Protection District’s (District)’s Residential KnoxBox Loaner Program (Program) and comply with the Program terms and conditions.
- I authorize the District to enter the Property to install a KnoxBox during the agreed-upon installation period.
- I authorize the District’s emergency personnel to access the interior of the Property structure during emergencies using the key(s) deposited in the KnoxBox.
- If I am not the Property owner, I affirm that the Property owner has consented to this installation of a KnoxBox.
- I may revoke this authorization with 10 days’ written notice to the District to be hand-delivered or sent to [frontdeskstaff@srvfire.ca.gov](mailto:frontdeskstaff@srvfire.ca.gov).
- This revocation does not affect the District’s legal authority to enter the Property during emergencies as allowed by federal, state, or local law.

**2. Knox Box Installation and Key Deposit**

- The District will contact me (or a designated representative) to schedule KnoxBox installation.
- I (or the designated representative) must be present during installation and must provide key(s) to be placed in the Knox Box that allows access to the Property structure immediately after installation is complete.
- Keys must allow access to all areas emergency personnel may need to enter.
- If locks are changed, I must notify the District promptly and provide updated key(s) to the District.

### **3. Knox Box Use and Responsibilities**

- Only authorized District on-duty emergency personnel will have access to the contents of the KnoxBox to enter the Property during an emergency or authorized District Personnel needing access to install and remove the KnoxBox from the Property.
- The KnoxBox remains the property of the District and may be removed at its sole discretion at anytime.
- I agree that:
  - No one else may access, tamper with, or use the KnoxBox.
  - I am responsible for any damage, misuse, or unauthorized access to the KnoxBox, and may be charged reasonable costs for repair, service, or replacement by the District.
  - I will respond within 30 days to any written requests from the District related to my participation in the Program, including periodic checks to confirm continued use.

### **4. Indemnification and Hold Harmless**

I (and any agents, employees, or subcontractors) agree to indemnify, defend, and hold harmless the San Ramon Valley Fire Protection District, its officers, employees, agents, and volunteers from any claims, demands, actions, damages, penalties, or expenses (including attorneys' fees) arising out of or related to the Program, the KnoxBox installation at the Property or its use, except when caused solely by the District's sole negligence or willful misconduct.

### **5. Termination of Use and Removal**

- If the KnoxBox is no longer needed, I will promptly contact the District at (925)838-6600 to schedule its removal.
- Either I or a designated representative must be present to retrieve the key(s) at the time of KnoxBox removal.
- The KnoxBox remains the property of the District.

**By signing below, I confirm that I am the Occupant or an Authorized Representative with legal authority to act on behalf of the Occupant and I agree to the terms and conditions of this Agreement. I understand that electronic signatures and email delivery of this Agreement are legally valid and enforceable.**

Printed Name:		Date:	
Signature:			

**Contact Information (Applicant Info)**

Name	
Email	
Phone (Home/Cell)	

**Occupant Information (If Different from Applicant Info)**

Name	
Email	
Phone (Home/Cell)	
Emergency Contact (Name & Phone)	

**Property Owner Information (if different from Occupant)**

Name	
Address	
Email	
Phone (Home/Cell)	

Special Instructions for Installation (if none, write "None"):