UPPER MERION TOWNSHIP POLICE DEPARTMENT

175 WEST VALLEY FORGE ROAD
KING OF PRUSSIA, PA 19406-1802
Business: 610-265-3232

THOMAS M. NOLAN
CHIEF OF POLICE

Upper Merion Township Police Department
Lock for Life Program Application

LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: HOME: _____ CELL: _____

REASON FOR APPLICATION:

☐ I AM 55 YEARS OF AGE OR OLDER AND LIVE ALONE OR AM ALONE ON A FREQUENT BASIS.

☐ I HAVE A MEDICAL CONDITION THAT IS POTENTIALLY INCAPACITATING AND LIVE ALONE OR AM ALONE ON A FREQUENT BASIS.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____Phone Number: _____

Emergency Contact Information:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone(s) _____ Phone(s): _____

Relationship: _____ Relationship: _____

By participating in the Lock for Life Program I authorize the Upper Merion Police Department and/or the Upper Merion Fire Department, Lafayette Ambulance Squad to enter my residence for emergency purposes only.

I assume all responsibility for providing the correct key and agree to hold harmless the above entities.

Participant's Signature: _____ Date: _____

UMPD USE ONLY**********UMPD USE ONLY**********UMPD USE ONLY**********UMPD USE ONLY

Date entered CODY: _____ Initial: _____ Patrol/County Notified: _____ Initial: _____

Lock Installed: _____ # _____ Combination: _____ Removed: _____

Incident Number: _____