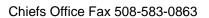


Brockton Fire Department

560 West Street Brockton, Massachusetts 02301



I, ______. owner, and/or occupant and/or



SECURED KEY ACCESS

PERMISSION AND RELEASE FORM

custodian of premises known as	located at
	, Brockton, MA,
do hereby grant permission to personnel of the Brockton Fire Dep	partment to use the Secured Key
Access lock box to secure a key or keys to the premises for the p	ourpose of quick emergency
access to the premises and its common areas for life saving and	to operate sprinkler systems, fire
alarm control panels and other fire suppression/detection related	systems so as to minimize
potential damage caused by a delayed response of a caretaker.	
The aforesaid personnel and the City of Brockton Fire De	partment are hereby released fron
any liability whatsoever, direct or indirect, arising from loss or theft of the secured Key Access lock	
box key for the above mentioned premises from any Fire Department Personnel, apparatus or	
property, it being understood that the use of the Secured Key Acc	cess key system of access is solel
for the convenience of the owner/occupant/custodian of the premises.	
The key box shall be of a type approved by the Chief of the	ne Brockton Fire Department and
shall be located and installed as approved by the said Chief.	
I certify that I have the lawful authority to execute this Per	mission and Release document.
Signature of Owner/Occupant/Custodian	
Title of Signer	
Date	