

# MARICOPA SENIORS, INC. HOME LOCK BOX ORDER FORM

Mail form to:  
We accept cash, check,  
or money order.

**Maricopa Seniors, Inc.**  
**43466 W. Neely Dr.**  
**Maricopa, AZ 85138**

Make check/money order payable to:  
**Maricopa Seniors, Inc.**  
**\$65.00 each** (includes delivery)

Please print - complete all information below. Thank you.

Last Name, First Name(s)																	

Subdivision Name: <i>(please note that key boxes are only available to residents within Maricopa Fire response areas.)</i>																	

Installation Address <i>(House #, Street, Apartment, etc.) - Key box hand-delivered to this address.</i>																	

City						State						Zip Code							
M	A	R	I	C	O	P	A									8	5	1	3

YOUR PRIMARY PHONE #: <i>Shared only with 9-1-1 dispatch.</i>	YOUR ALTERNATE PHONE #: <i>Shared only with 9-1-1 dispatch.</i>
(      )	(      )
Emergency Contact #1: <i>Shared only with 9-1-1 dispatch</i>	Emergency Contact #2: <i>Shared only with 9-1-1 dispatch</i>
(      )	(      )
Contact's Name:	Contact's Name:

Please check this box if you need assistance installing your lock box.  
*Our volunteers will install your lock box free of charge, if requested.*

Does the home have a security door?  YES  NO  
*Please include the security door key or door/alarm code in your lock box, if applicable. Codes not shared with dispatch.*

I/we wish to make a donation to Maricopa Seniors, Inc. <i>Donations help provide a Lock Box to those who cannot afford one. Thank you.</i>	\$ _____
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How did you hear/learn about the Lock Box program? Please check all that apply.

<input type="checkbox"/> From a friend or neighbor	<input type="checkbox"/> From Maricopa Seniors, Inc.	<input type="checkbox"/> From a news article/post
<input type="checkbox"/> From Maricopa Police/YANA	<input type="checkbox"/> From Maricopa Fire/Medical	<input type="checkbox"/> At the Senior Info/Expo
<input type="checkbox"/> From a Fire Corps volunteer	Other: _____	

### FOR MSI INTERNAL USE ONLY:

Customer Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>																							
Date Received:	Cash <input type="checkbox"/>	Check/Money Order	Amount Received																					
	# _____	# _____	\$ _____																					