

MARICOPA SENIORS, INC.

HOME LOCK BOX ORDER FORM

Mail order form to: **Maricopa Seniors, Inc.**
 We accept cash, check **43466 W. Neely Dr.**
 or Money Order) **Maricopa, AZ 85138**

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

<input type="checkbox"/>	25
<input type="checkbox"/>	10
<input type="checkbox"/>	G

Please print - complete all information below.

LAST Name, FIRST Name(s)

Subdivision Name: ***Please note: key boxes are only available to residents within City of Maricopa 9-1-1 response area.*

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Installation Address (House #, Street, Apartment, etc.)

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

Phone #1 (Requested in case contact is needed. Shared with 9-1-1 dispatch)	Phone #2 (Requested in case contact is needed. Shared with 9-1-1 dispatch)
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Please check this box if you need assistance installing your lock box.

Does the home have a security door? YES*** NO

****Please remember to include a copy of the security door key or code in your lock box. Thank you.*

Please list all pets in the home NONE _____

I wish to make a donation to Maricopa Seniors, Inc. Donations help provide a Home Key Box to those who cannot afford one. Thank you.	\$ _____
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How did you hear about the lock box program: (please check all that apply)

<input type="checkbox"/> From a friend /neighbor	<input type="checkbox"/> From a Maricopa Seniors volunteer	<input type="checkbox"/> From a news story
<input type="checkbox"/> From Maricopa Police	<input type="checkbox"/> From Maricopa Fire & Medical / CERT	<input type="checkbox"/> At a Senior Info/Expo
<input type="checkbox"/> Other:		

FOR INTERNAL USE ONLY:

Customer Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

Payment Received: Date:	<input type="checkbox"/> Cash	Check/Money Order: # _____	Amount received: \$ _____
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