

# Borough of River Edge

705 KINDERKAMACK ROAD, RIVER EDGE, N.J. 07661  
201-262-1233 FAX: 201-599-0920 EMAIL: police@riveredgepolice.org



**MICHAEL J. WALKER**  
CHIEF OF POLICE

## POLICE DEPARTMENT

### RIVER EDGE POLICE DEPARTMENT LOCK BOX PROGRAM

#### CONDITIONS

The undersigned has voluntarily agreed to participate in the River Edge Police Department Lock Box Program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed by River Edge Police Department personnel, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, police personnel may not be able to, nor have the time to, use the box system. In such situations, the undersigned agrees that police personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, police personnel will use their best efforts to utilize the lock box when the time and situation permits. The code to the lock box will not be disseminated to anyone other than police personnel.

**I UNDERSTAND THAT THE RIVER EDGE POLICE DEPARTMENT LOCK BOX PROGRAM IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY, OR FRIENDS. ONLY POLICE PERSONNEL WILL BE GRANTED ACCESS AND THE COMBINATION OF THE LOCK BOX SHALL NOT BE DISEMINATED TO ANY THIRD PARTY. REQUESTS FOR NON-EMERGENT ACCESS MAY RESULT IN TERMINATION OF MY PARTICIPATION IN THE LOCK BOX PROGRAM AND REMOVAL OF THE LOCK BOX. EACH RESIDENT (over the age of 18 years) AT THE HOME ADDRESS WHERE THE LOCK BOX IS INSTALLED IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

**LIABILITY RELEASE**

In consideration of my participation in the River Edge Police Lock Box program, the undersigned, to the fullest extent permitted by law, hereby agrees on behalf of the undersigned and the undersigned's heirs and representatives, to waive, release, indemnify, and hold harmless the Borough of River Edge, River Edge PBA Local #201, the River Edge Police Department and its respective employees, officers, agents, and assigns from and against any and all claims, suits, judgements, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the River Edge Police Department Lock Box Program. The undersigned acknowledges and agrees that the undersigned's participating in the Lock Box Program is voluntary and that said program is being offered only as a courtesy. I also agree that the River Edge Police Department Lock Box Program is not intended to, nor does it in any way whatsoever create or impose a special duty on the Borough of River Edge, The River Edge Police Department and their respective employees, officers, and agents regarding the undersigned's safety or well-being of personnel property.

**PLEASE NOTE:** If the lock box is no longer needed, or the key to the home changes, the undersigned agrees to call the River Edge Police Department at (201) 262-1233 so that the box can be removed, or the key replaced with the current version.

The lock box will remain the property of **River Edge Police Department P.B.A. Local #201** and provided to the participating resident at no cost to the resident for the duration of their participation in the program.

\_\_\_\_\_  
Signature of Resident

Date:

\_\_\_\_\_  
Signature of Officer

Date:

\_\_\_\_\_  
Signature of Resident

Date:

\_\_\_\_\_  
Signature of Officer

Date:

\_\_\_\_\_  
Signature of Resident

Date:

\_\_\_\_\_  
Signature of Officer

Date:

\_\_\_\_\_  
Signature of Resident

Date:

\_\_\_\_\_  
Signature of Officer

Date:

\_\_\_\_\_  
Signature of Resident

Date:

\_\_\_\_\_  
Signature of Officer

Date:

Internal Use Only \_\_\_\_\_

Lock Box # \_\_\_\_\_

\_\_\_\_\_  
Name of Resident

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship