



ROUND ROCK POLICE DEPARTMENT
LOCK BOX PROGRAM - Member Registration Form

TODAY'S DATE: ____ / ____ / ____

RESIDENT INFORMATION

First AND Last Name: _____ DOB: ____ / ____ / ____
Street Address: _____
City: _____ State: _____ Zip: _____
Primary Phone #: _____ Secondary Phone #: _____

HOUSEHOLD INFORMATION

Other Residents in Household: _____
Lockbox Location: _____ Combo: _____
Pets Inside: Yes No If yes, what kind: _____
Weapons in the Home: Yes No If yes, what kind: _____
If you have an alarm, do you authorize RRPD to deactivate? Yes No If yes, alarm code: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Phone #: _____
Hospital of Choice: _____
Envelope of Life in Home: Yes No If yes, where: _____
Location of Medications in Home: _____
Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

EMERGENCY CONTACT INFORMATION

Contact #1 First & Last Name: _____ Relationship: _____
Phone #: _____ Secondary Phone #: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Contact #2 First & Last Name: _____ Relationship: _____
Phone #: _____ Secondary Phone #: _____
Street Address: _____ City: _____ State: _____ Zip: _____

Mail OR Email Completed Form To:
ROUND ROCK POLICE DEPARTMENT
2701 N. MAYS STREET
ROUND ROCK, TX 78665
pdvolunteer@roundrocktexas.gov

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Application Received By: _____ on Date: ____ / ____ / ____
Date of Installation: ____ / ____ / ____ Installed By: _____
Was a lockbox sticker placed near the front door of the residence? Yes No