



**ROUND ROCK POLICE DEPARTMENT**  
LOCK BOX PROGRAM - Member Registration Form

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESIDENT INFORMATION**

First AND Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Other Residents in Household: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lockbox Location: \_\_\_\_\_ Combo: \_\_\_\_\_

Pets Inside:  Yes  No If yes, what kind: \_\_\_\_\_

If you have an alarm, do you authorize RRPD to deactivate?  Yes  No If yes, alarm code: \_\_\_\_\_

**MEDICAL CONDITIONS**

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION INFORMATION**

Hospital of Choice: \_\_\_\_\_

Emergency Contact #1 First/Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact #2 First/Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDITIONAL HOUSEHOLD & MEDICAL INFORMATION**

Weapons in the Home:  Yes  No If yes, what kind: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Envelope of Life in Home:  Yes  No If yes, where: \_\_\_\_\_

Location of Medications in Home: \_\_\_\_\_

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT  
2701 N. MAYS STREET | ROUND ROCK, TX 78665  
lforma@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