



Salem Police Department  
Community Impact Unit  
Lock Box Program Application

Name:	_____	DOB:	_____
Address:	_____	APT:	_____
Telephone: (Home)	_____	(Cell)	_____

Medical Condition:	_____
Disability:	_____

Primary Care Physician:	_____		
Address:	_____	Telephone:	_____

**Emergency Contact Information**

Name:	_____		
Address:	_____		
City:	_____		
State:	_____		
Telephone: (Home)	_____	(Cell)	_____

Mail Completed Form To: Salem Police Department  
Community Impact Unit  
95 Margin Street  
Salem, MA 01970