



**Community Impact Unit
Lock Box Program
Application**

Date: _____

| | |
|--------------------------------|-------------------|
| Name: | DOB: |
| | |
| Address: | APT: |
| | |
| Telephone: (H) | (C) |
| | |
| Medical Condition: | |
| | |
| | |
| | |
| | |
| Disability: | |
| | |
| | |
| | |
| | |
| Primary Care Physician: | |
| Address: | Telephone: |
| | |
| Emergency Contact: | |
| Name: | |
| | |
| Address: | |
| | |
| City: | State: |
| | |
| Telephone: (H) | (C) |
| | |

MAIL TO
**Community Impact Unit
Salem Police Headquarters
95 Margin Street
Salem, MA 01970**