



STREETSBORO POLICE DEPARTMENT – GUN LOCK PROGRAM

(Please Print)

NAME OF RESIDENT: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER: (Optional) _____

I do, hereby, certify that I am the owner and/or occupant of the above listed property. I acknowledge that I will be provided with a gunlock by the Streetsboro Police Department.

I agree to use and maintain the gunlock in accordance with the manufacturers recommendations.

In consideration of the goods/services provided by the Streetsboro Police Department, I, on behalf of myself and the other members of my household, do, hereby, release and agree to indemnify the City of Streetsboro and anyone acting as a representative of the City of Streetsboro from any liability in connection with the goods/services provided. I understand that if a gunlock is provided, it is my responsibility to maintain the locking device in working condition and that the City of Streetsboro is not responsible for any injury or misuse associated with this device.

SIGNATURE: _____ DATE: _____

THIS PROGRAM IS PROVIDED AS A PUBLIC SERVICE TO RESIDENTS OF THE CITY OF STREETSBORO.