



**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**