



Upper Dublin Township Police Department

520 Virginia Drive
Fort Washington, Pennsylvania 19034-1697
Voice: 215-646-2101 Fax: 215-628-8976
www.UpperDublin.net



Lock for Life

Lock For Life is a program available through the Upper Dublin Police Department. It is intended to provide Police, Fire, and Emergency Medical Service (EMS) personnel access to your residence in the event of a medical emergency where you are unable to open the door, and force would be necessary.

A key to your residence will be stored in a secure metal storage device, similar to a realtor's lock box, near the entrance to your residence. The access code to the lockbox will only be available to Police, Fire, or EMS personnel. The Lock for Life will only be used during an emergency when first responders cannot access your home.

The secure metal storage device, as well as the key to the residence, must be provided by the homeowner (or family member with the homeowner's permission). Once a Lock for Life application is received, a police officer from Upper Dublin will do a home visit. This visit will consist of obtaining the resident's storage device's access code, as well as verifying proof of homeownership, and approval for secure device use.

In the event, that the Lock for Life is accessed by an unauthorized person, a representative from the Police Department will contact the resident and change the combination as an added measure of security. By participating in the Lock for Life Program, the homeowner authorizes the Upper Dublin Police Department and/or the Fort Washington Fire Department and/or local EMS services to enter their residence for emergency purposes only.

If you have any questions about this program or would like further details, please call our non-emergency line at 215-646-2101 or email at udpd@udpd.us.

Lock For Life Registration

For Residents 55 and Older or those with Medical Conditions

Full Name:		Date:	
Preferred Name:			
Street Address:			
City/State/Zip:			
Date of Birth:	Sex:	Race:	Complexion:
Height:	Weight:	Hair Color:	Eye Color:
55 and Older and/or Medical Condition?	<input type="checkbox"/> 55<	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Both
Primary Medical Diagnosis:			
Distinguishable Marks (Scars, Birthmarks, etc.):			
ID / Medical Alert Jewelry, etc.:			

Emergency Contact Information

Primary Caregiver's Name:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Secondary Caregiver's Name:			
Address:			
Home Phone:	Work Phone:	Cell Phone:	
Doctor Name:	Doctor Phone:		

Medical / Special Information

Spoken Language:	<input type="checkbox"/> Verbal	<input type="checkbox"/> Partially-Verbal	<input type="checkbox"/> Non-Verbal	Spoken Language:		
Medical Condition(s):						
Medications:						
Visual Impairments:	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full Impairment	Glasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Impairments:	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full Impairment	Hearing Aids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Form Submitted By:		Date:	
Relationship to Registrant (or write "SELF"):			
If not "SELF", do you have POA for the homeowner?			
Homeowner or Form Registrant Signature:			