



# San Diego County Fire Protection District Residential KnoxBox Program Application

San Diego County Fire Protection District is offering Residential KnoxBoxes to qualified County residents. Under this program, the County will install a lock box at qualified residences. The box will securely store a spare key for use by firefighters. If you live in the San Diego County Fire Protection District, Deer Springs Fire Protection District, or Ramona Municipal Water District and are interested, please complete and return the enclosed application to the County Fire Authority. We will review the application and determine whether you qualify!

Property Address: \_\_\_\_\_

Dwelling Type:  Detached  Attached (Apt/Condo/Townhome)  Other: \_\_\_\_\_

Occupant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*If the Occupant is not the Owner of the Property, please provide the following information:*

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**By checking this box, the Occupant verifies at least one of the following is true and correct.**

The Occupant:

- is 62 years of age or older
- is disabled (see reverse for definition)
- needs assistance with one or more Major Life Activity(ies) (see reverse for definition).

**Optional (for reporting purposes only):**

**Occupant's ethnicity or race (select all that apply):**

- Hispanic or Latino  White  Black or African American  American Indian or Alaska Native  
 Asian  Native Hawaiian or other Pacific Islander  Other: \_\_\_\_\_

**Occupant's annual income (fill in)** \_\_\_\_\_

**When complete, please send to:**

San Diego County Fire Protection District, 5510 Overland Avenue, Suite 250, San Diego, CA 92123

Email: [FireCRR@sdcounty.ca.gov](mailto:FireCRR@sdcounty.ca.gov)

Phone: 858-974-5999

**Definition of Disability**  
**Americans with Disabilities Act of 1990**

- (1) Disability  
The term "disability" means, with respect to an individual
  - (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
  - (B) a record of such an impairment; or
  - (C) being regarded as having such an impairment (as described in paragraph (3)).
- (2) Major Life Activities
  - (A) In general  
For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
  - (B) Major bodily functions  
For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- (3) Regarded as having such an impairment  
For purposes of paragraph (1)(C):
  - (A) An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
  - (B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.