



A partnership in serving our communities

Station 72

PO Box 286, Lynden, WA 98264

Phone: 360-318-9933 / Fax: 360-746-6774 / Web Site: www.nwfrs.net

PUBLIC SAFETY KEY BOX INDEMNIFICATION AGREEMENT

OCCUPANCY NAME

ADDRESS

THIS AGREEMENT, made and entered into this ____ __ day of __ __, by

and between Whatcom County Fire Protection District # 21 dba North Whatcom Fire & Rescue, herein after referred to as NWFR,

and _____, herein after referred to as OWNER/OPERATOR.

WHEREAS, currently there is no unified system allowing NWFR and other emergency services quick accessibility to commercial establishments and apartment buildings which are locked, and

WHEREAS, such accessibility is necessary to help prevent increased property damage and hazard to human life in emergency situations, and

WHEREAS, it is the desire of NWFR to provide maximum possible security and emergency services to building owners and/or occupants consistent with a system that will allow the needed accessibility,

NOW, THEREFORE

The undersigned Owner/Operator in consideration of the benefits to be derived from their participation in this program hereby agree to defend and indemnify NWFR against, and hold it harmless from, any and all liability for loss or damage to any real or personal property whatsoever, and injury to, or death of, any person whomsoever, including all cost and expenses incident thereto, where such liability arises from the institution of the Public Safety Key Box System.

It is further understood and agreed that the Owner/Operator will provide the Public Safety Key Box, which box must be approved by NWFR. The Owner / Operator or his agent will be responsible for the installation of the Public Safety Key Box(s) in a location and manner approved by NWFR.

Executed this _____ **day of** _____

Signed _____

To be completed by the installer:

Company Name:

Address:

Telephone:

The box or boxes are to be installed in the following locations;