



WILLIAMSTOWN POLICE DEPARTMENT

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INTERIM CHIEF

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Lock Box Application Form

Combination # _____

Resident Name: _____

Lock Box Location Address: _____ Apt# _____

Phone Number at this Location: _____

Choose 4 Numbers that will be used to create combination _____

List Emergency Contacts

Name	Daytime Phone	Nighttime Phone	Cell Phone or Pager
Name	Daytime Phone	Nighttime Phone	Cell Phone or Pager
Name	Daytime Phone	Nighttime Phone	Cell Phone or Pager

Reasons/Conditions for Requesting Lock Box

Signature _____ Print Name _____ Date _____

Please mail or drop-off application to:

Williamstown Police Department, Attn: Lock Box Administrator, 825 Simonds Road, Williamstown, MA 01267

For Official Use Only

Combination # _____ Date Issued _____ Revd: _____

Location of Box: _____