



**The Erie County Sheriff's Office & its Advisory Council
for the Triad Seniors and Law Enforcement Together (SALT)**

Emergency Telephone Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) ____-_____

Date of Birth: ____/____/____

Do you live alone: Yes _____ No _____

Do you have a disability: Yes _____ No _____

If YES please explain:

By completing this application requesting an Emergency Telephone from the Erie County Sheriff's Office & its Advisory Council for the Triad Seniors and Law Enforcement Together (SALT), it is acknowledged and agreed by the signed applicant that the Council and/or the Erie County Sheriff's Office is only acting as a conduit to facilitate the distribution of such instrument; and that SALT offers no guarantee or warranty as to the operation of, or as to the fitness for the purpose intended, of the cellular phone furnished.

Further, SALT is not responsible for any malfunction or failure to function of such cellular phone, and shall not be responsible for the replacement of or repair of any damage, broken or non-functioning cell phone distributed in response to this application, or for any portion thereof, including the battery.

In the event the cell phone you received needs to be replaced, it shall be necessary for you to reapply for an Emergency Telephone. Such replacement phone will be disbursed if and when one becomes available.

Signature _____

Date ____/____/____
DD MM YYYY

Please mail completed application to:

Erie County Sheriff's Office TRIAD Program
Erie County Court House
140 West 6th Street
Erie, PA. 16501



Telephones will be distributed based upon need and availability of equipment.