

SALEM / MORROW FIRE DEPARTMENT

Residential Knox Box Program

Application / Authorization Form

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Do you own your home? ___ Yes ___ No

Emergency Contact Name: _____

Phone: _____ Relationship to Applicant: _____

Special instructions/comments: _____


~~~~~  
I hereby authorize the Salem / Morrow Fire Department to install a residential Knox Box at my residence. I understand that this Knox Box is on permanent loan to me and will be returned to the Salem / Morrow Fire Department upon my vacating the premises.

**X** \_\_\_\_\_  
Applicant's Signature Date

For Office Use Only

Date Knox Box Installed: \_\_\_\_\_ By: \_\_\_\_\_  
Where was Knox Box mounted \_\_\_\_\_

\_\_\_\_\_  
Date Knox Box was entered in to the computer \_\_\_\_\_  
Knox Box serial # \_\_\_\_\_