

KNOX BOX/RESIDENT INFO

DATE _____

RESIDENT NAME _____

ADDRESS _____

PHONE _____ CELL ___ HOME ___

PERSON COMPLETING FORM NAME _____

RELATIONSHIP TO RESIDENT _____

PHONE # AND EMAIL ADDRESS _____

ARE YOU PRIMARY EMERGENCY CONTACT: YES ___ NO ___ IF NO PLEASE ADD PRIMARY CONTACT NAME AND PHONE NUMBER HERE: _____

SECONDARY CONTACT NAME AND PHONE NUMBER: _____

RETAIL LOCK BOX CODE AND LOCATION ON HOME _____

GARAGE DOOR CODE _____

IMPORTANT MEDICAL INFORMATION (*MOBILITY ISSUES, ON OXYGEN, MEDICAL ALERT, ETC.*)

ANIMALS ON PREMISE _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR RETURNING ANY OFPD KNOX BOX ISSUED TO THE ABOVE ADDRESS & I AM RESPONSIBLE FOR REPLACEMENT COST OF THE KNOX BOX IF IT IS DAMAGED OR LOST. (SIGNATURE) _____

FOR OFFICE US ONLY:

ORLAND KNOX BOX TAG # _____ SERIAL # _____ LOCATION _____

EMPLOYEE ACCEPTING FORM _____

EMPLOYEE ENTERING INFO IN CAD (INITIAL AND DATE) _____