

A & J LOCKSMITH SERVICES, INC.
P. O. BOX 820425
VICKSBURG, MS 39182-0425
Work (601) 636-7879---Cell (601) 618-7879

Authorization for Security/Emergency Services:

I hereby certify that I have the authority to order the lock, key or security work designated below. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work and/or not to hold him or her responsible for any reason whatsoever. I also agree to pay any court cost, fees, and/or expenses related to this agreement.

Name: _____ Title: _____

Organization or Business Name: _____

Contact Phone Work: _____ Cell: _____

Your Street Address: _____

City, State, Zip: _____

Drivers-License: _____ Email: _____

Address of work: _____

Work requested: Gain Entry: ☐ rekey locks ☐ Replace/install locks: ☐

Other instructions: _____

If auto, make, model, and year: _____

Signature Required, Electronic or Written: _____

Instructions: SAVE FORM PRINT FORM CLEAR FORM

1. Save the form to your computer and fill it out with Adobe Reader.
2. Save completed form to your computer & attach it to your email.
3. Email it to **ajlock54????@????ajlock.com**
4. Remove the **????** from the email address before emailing.