

Sullivan Fire Protection District

P.O. Box 475-Sullivan, MO 63080

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Residential Knox-Box Program Application

Name: _____ Date: _____

Address: _____

Phone Number: _____ Age: _____

Lifeline Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Person Living With You Name: _____

Person Living With You Relation: _____

Home Owner / Landlord: _____

Home Owner / Landlord number: _____

I, the undersigned, understand that the Knox-Box that will be placed on my residence is and will remain the property of the Sullivan Fire Protection District. I also understand that when my use of the Knox-Box is no longer needed it will be given back to the Sullivan Fire Protection District. I also understand that it is my responsibility to notify the Sullivan Fire Protection District of any key changes so that the proper keys can be placed in the box for emergency workers to gain access to me and my home in the event of an emergency. Failure to notify the Sullivan Fire Protection District of new keys could result in damages to your doors or windows in the event of an emergency.

Knox-Box Serial Number: _____

Date Installed: _____ Installed By: _____

Location _____

Resident/Home Owner

Sullivan Fire Protection District Rep.

Date: _____.