AUTHORIZED SIGNATURE AND KNOX COORDINATOR CHANGE REQUEST FORM

USE THIS FORM TO ADD OR DELETE AUTHORIZED SIGNATURES; ADD A NEW KNOX COORDINATOR, OR UPDATE CURRENT KNOX COORDINATOR INFORMATION

Department/Agency Name:	ncy Name:		Date:	
Street Address:				
City:		State:	Zip:	
Phone:	Fax:			
System Code #/ Role (if known):				
DELETE AUTHORIZED SIGNAT	URE(s): (To delete additional personnel, submit a secon	nd page)		
Name and Title:				
1.	3.			
2.	4.			
	authorize property owner order forms. Checking both the aster keys and/or add/delete authorized signers. Signature: Actual signatures are requir			
1.	Signature, victual signatures ure requir			
2.				
3.				
ADD OR UPDATE KNOX COORE	DINATOR INFO: (The Knox Coordinator is your system	's primary point o	f contact).	
Your Knox Coordinator must be an au	ithorized signer for both keys and order privileges.			
Name:	Title:			
Phone:	Email:			
NAME AND AUTHORIZED SIGN	ATURE OF PERSON SUBMITTING THIS FORM: (Must be a current	authorized signer)	
Name:	Signature: Actual signatures a	Signature: Actual signatures are required to process the request(s)		

PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO THE KNOX RECORDS DEPARTMENT **USING AN OPTION LISTED BELOW:**

Email: RECORDS@KNOXBOX.COM

Fax: (623) 687-2296

