## **KNOX DUAL LOCK RELEASE FORM**

| Fire Department Name:  |                                     | Date:                              |
|--|-------------------------------------|------------------------------------|
| System Code:   |                                     |                                    |
|  |                                     |                                    |
| A dual lock product has two keyways where the top is always keye keyed for mutual aid access (another responding department) or form on file to approve or deny dual locks within their jurisdiction. secondary system code. | or the property owner. The departm  | nent must have a dual lock release |
| Please check one of the following options:   |                                     |                                    |
| <b>YES</b> , we will approve Dual Lock Knox Products in our jurisdict can be keyed for another Fire Department or Property Access  |                                     | Department access and 2nd lock     |
| <b>NO</b> , we will not approve Dual Lock Knox Products in our juris access to the Knox Products in our jurisdiction.  | diction. We, the Fire Department pr | refer to be the only ones with     |
| Name of Authorized Signer:   |                                     |                                    |
| Title:   |                                     |                                    |
| Phone:   | Fax:                                |                                    |
| Signer's Email Address:  |                                     |                                    |
| Signature of Authorized Signer:  |                                     |                                    |



**Original Signature Required**