

KNOX EMS CONTACT FORM

THE FOLLOWING INFORMATION IS REQUIRED:

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|---|------|--------------|-----------------|
| Department Name: | | | |
| Street Address: | | | |
| Mailing Address (if different than the street address): | | | Phone: () |
| City: | | County: | Fax: () |
| State: | Zip: | System Code: | Email: |

DEPARTMENT HEAD
The officer in charge of your department's EMS Program.

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| Name: | Title: |
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KNOX EMS PROGRAM COORDINATOR
The Knox EMS Program Coordinator. All materials relating to the Knox EMS program will be sent to this person at the above address.

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| Name: | Title: |
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| Phone: | Email: |
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AUTHORIZED SIGNATURES
Authorized signatures are required to order EMS Emergency Override Keys, delete or add names and authorized signatures for the EMS Program only.
These authorized signers **DO NOT** have the authority to request Knox Rapid Entry System Master Keys.

| PRINT NAME AND TITLE | AUTHORIZED SIGNATURE <small>Actual signatures are required to process the request(s)</small> | DATE |
|----------------------|---|------|
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MAIL OR FAX COMPLETED FORM TO THE KNOX COMPANY - ATTN: RECORDS
MAIL: 1601 W. DEER VALLEY RD., PHOENIX, AZ 85027 | FAX : 623.687.2296