

SUB-MASTER PROGRAM

Use this form to establish one or more Sub-Masters under your Knox Master Key

| | | |
|---|-------|-----|
| Fire Department | Phone | |
| System Code | Date | |
| Mailing Address - Must be a deliverable street address to receive shipment, No P.O. boxes please. | | |
| City | State | Zip |

Number of Sub-Masters requested:

Explain below - Use additional form if three is not enough.

| Sub-Master | # Keys | Intended Use (Police, EMS, etc.) | Sub-Master Fee to be Paid by: |
|------------|--------|----------------------------------|-------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

By signing below, the department acknowledges and confirms:

1. We would like to establish a Sub-Master System for our department.
2. We understand that there will be a one time \$99 fee to set up a Sub-Master and that it will take approximately 4-6 weeks to process.
3. We are requesting the above-mentioned total number of Sub-Master(s) for our key code. We have indicated for whom the Sub-Master will be and for what it will be used.
4. We also understand that each item ordered with a Sub-Master will incur an additional \$7 charge.

Name and Authorized Signature of the person submitting this form:

Request will only be processed when signed by personnel from your department who are currently on file with Knox as Authorized Signers with both Keys and Orders level of authority.

| | |
|----------------|----------------------|
| Name and Title | Authorized Signature |
|----------------|----------------------|

PLEASE COMPLETE, SIGN & SUBMIT TO "RECORDS" BY ANY METHOD BELOW:

Email: records@knoxbox.com
Fax: (623) 687-2296
Mail: ATTN: RECORDS
 1601 W. Deer Valley Road
 Phoenix, AZ 85027

