## **KNOX KEY REQUEST**

As a security measure, all requests for new or replacement keys must be signed, dated, and submitted with an authorized signature. **This form is required to initiate the process.** 

Upon completion, submit using one of the following options: Scanned and emailed to records@knoxbox.com, faxed to 623-687-2296, or mailed to the Phoenix, AZ address at the bottom of the form.

Please type or print the following information:

Department Name:							
Department System	Code:						
Shipping Address (Se	ee Footnote 1 below for information):						
City:					State:	Zip:	
Quantity	uantity Designate a Key Type Knox Master Key FDC Keywrend				h MedVault Override		
Tech Key							
For Unit/Apparatus							
Additional Comments							
Name of Authorized	Signer:						
Title:					Date:	Date:	
Phone:			Fax:				
Signer's Email Address:							
Signature of Authoriz	zed Signer:						
Original Signature Required							

Keys are shipped via FedEx and require a physical delivery address where an authorized signer will be available to receive shipment Monday-Friday, 8:00 AM-5:00 PM. For security reasons, keys cannot be shipped to P.O. Boxes. All keys require a signature upon delivery.



Upon completion, submit this form via fax, email:
Fax: 623.687.2296 | Email: records@knoxbox.com | Attn: Records