

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 ¹ (See Footnote 1 below for information) | | |
| City | State | Zip |

Quantity _____ **Key Type** Knox Master Key FDC Keywrench MedVault Override Radio-tech Key

For Unit/Apparatus _____

Reason for Order _____

| | | |
|------------------------------------|------|--|
| Name of Authorized Signer | | |
| Title | Date | |
| Phone | Fax | |
| Signer's Email Address | | |
| Signature of Authorized Signer | | |
| Original Signature Required | | |

¹Keys 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, or mail:

Fax: 623.687.2296 | Email: records@knoxbox.com | Attn: Records, Knox Company, 1601 W. Deer Valley Rd., Phoenix, AZ 85027