Bradlev Fire Department

Application for Residential Knox Box

Please complete the following application and return to the Bradley Fire Department. Knox Boxes are given out as "first come, first serve" basis.

ast Name:		First Name:	
ddress:	~		
none #:	Ι	Date of Birth:	_
·		ox Box (must have a physician's sign	
2. How much time, on average, as alone more than 50% of the time)		your home alone per day (must be ho	me
3. Do you have a Life Line?	Yes	No	
4. Do you have the Vial of Life?	Yes	No	
Contact Person:			
Last Name:		First Name:	
Address:			
Phone #:	Relationship:		
Please Sign.			
Physician		Date	_,
Applicant or Representative		Date	
Bradley Fire Dept. Representative	e (if app	roved) Date	

Knox Box Installed By:	
Date Installed:	
Knox Box Location at the Residence:	
Knox Box Serial Number (from BFD sticker):	
This Residential Knox Box is property of the Brad installed, the Knox Box must not be removed from approved by a representative of the Bradley Fire I Department must be notified immediately of any I keys inside the Knox Box. The Bradley Fire Deparemoval of the Knox Box.	n its installed location unless Department. The Bradley Fire ock changes that will affect the
If you have any questions, please contact the (815) 933-2401	e Bradley Fire Dept. at
Signature of Applicant or Representative	Date
Signature of Bradley Fire Department Representative	e Date

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