

RESIDENTIAL KNOX BOX APPLICATION

Run # _____

Mayfield Village Fire Department Bureau of Fire Prevention

770 S.O.M. Center Rd., Mayfield Village, OH 44143

Phone: 440 461-3802

www.mayfieldvillage.com

Fax: 440 449-0822

Name _____ Address _____

Home phone _____ Wk Phone _____ Cell _____

e-mail _____

Additional contact person _____ Phone _____

Address _____ Relationship _____

Box Location: _____ **Box serial number:** _____

I, the undersigned homeowner understand and agree that this Knox Box key security box is being provided by Mayfield Village for the sole purpose of providing access to my home, listed above in emergency situations that necessitate the response of the Fire or Police Department.

I further understand and agree that the municipality retains sole ownership of the Knox Box and that I will notify the Mayfield Village Fire Department upon sale of my home to any other individual so that it may be removed, or in the event that I no longer wish to participate in this program.

In consideration of being supplied with this Knox Box for my home, I release Mayfield Village, its employees and officers from any incidental damage caused to my home as a result of the installation or removal of the security box.

Signature of homeowner Date

Fire Department Approval

Installer Date

Date Removed Person who removed equipment