

Temple Terrace Fire Department

Community Knox Box Program Application/Authorization Form

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Do you own your home? Yes No

Emergency Contact Name: _____

Phone: _____ Relationship to Applicant: _____

Do you have an alarm system? Yes No

Do you enter your home from a front door? Yes No

Special instructions/comments: _____


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I hereby authorize the City of Temple Terrace Fire Department to install a residential Knox Box at my residence. I understand that this Knox Box is on permanent loan to me and will be returned to the Temple Terrace Fire Department upon my vacating the premises.

**X** \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**Contact:** D. Shane Samon, Fire Inspector  
Temple Terrace Fire Department  
124 Bullard Parkway  
Temple Terrace, FL 33617  
Phone: (813) 506-6722 or (727) 455-2316  
Fax: 813-506-6701 E-mail: dsamon@templeterrace.com

For Office Use Only

Date Knox Box Installed: \_\_\_\_\_ By: \_\_\_\_\_