

**Temple Terrace Fire Department
&
Temple Terrace Historical, Inc.**

**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: _____

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

**For Office Use Only**

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