

Newbury Fire & Rescue Department

Knox Box Emergency Building Access Program

Application for a Knox Box

Applicant Name: _____

Address: _____

Location Address (if different) _____

Telephone Numbers: _____ Cell Phone: _____ E-mail _____

Alternate Contact: Name: _____ Phone _____

Alternate Contact: Name: _____ Phone _____

Permitted Newbury Central Station Alarm Yes. Local Alarm only No alarm

Central Station Monitoring Company: _____

Business Telephone _____ 24 Hr Telephone _____

Location Knox Box will be mounted: _____

Date Knox Box will be mounted _____ Fire Department must be present at time of installation.

Additional Information: Handicapped resident Dog on premises Hazard on premises

Comments _____

Liability of Town Limited: The approval a Knox Box system does not constitute approval or endorsement of the Knox Box company or their products by the Town of Newbury, its departments, agents, or assigns (hereinafter referred to as the "Town"). The Town shall not be liable for any defects in the Knox Box or any failure of the box to operate properly. Signature by the applicant authorizes the Newbury Fire Department to use keys contained in the Knox Box to enter the premises for the purpose of firefighting and/or other emergency action or the investigation of an alarm or other report of an emergency. The Town shall not be liable for damage or loss resulting from the use of keys contained in the Knox Box or emergency response action or investigation at the premises listed in this application.

I have read and understand the provisions of the Town of Newbury Knox Box Program, and agree to its terms and liabilities as it applies to the Town, property under my care, custody and/or control, and me, my agents and assigns

Applicant Signature: _____ Date: _____

Approved by: _____ Date _____

Fire Chief

Comments _____