

# RESIDENTIAL KNOX BOX APPLICATION



Run # \_\_\_\_\_

**MAYFIELD VILLAGE FIRE DEPARTMENT**  
**770 S.O.M. CENTER ROAD**  
**MAYFIELD VILLAGE, OHIO 44143**

Phone: 440-461-1208 [www.mayfieldvillage.com](http://www.mayfieldvillage.com) Fax: 440-449-0822

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Additional contact person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Box Location:** \_\_\_\_\_ **Box #:** \_\_\_\_\_

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 the sale of my home to any other individual so that it may be removed, or in the event I no longer wish to participate in this program. Otherwise, there may be a replacement fee for the box.** \_\_\_\_\_ Homeowner Initials

In consideration of being supplied with this Knox Box for my home, I release Mayfield Village, its employees and officers from any and all liability resulting from 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 Date

\_\_\_\_\_  
Installer Date

\_\_\_\_\_  
Date Removed Person who removed the equipment