

SUB-MASTER PROGRAM

Use this form to establish one or more Sub-Masters under your Knox Master Key

Fire Department	Phone		
System Code		Date	
Mailing Address - Must be a deliverable street address to receive shipment, No P.O. boxes please.			
City		State	Zip

Number of Sub-Masters requested:

Explain below - Use additional form if three is not enough.

Sub-Master	# Keys	Intended Use (Police, EMS, etc.)	eApproval	Online Available	Sub-Master Fee to be Paid by:
1			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Customer Name
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email

By signing below, the department acknowledges and confirms:

1. We would like to establish a Sub-Master System for our department.
2. We understand that there will be a **one time** \$99 fee to set up a Sub-Master and that it will take approximately 4-6 weeks to process.
3. We are requesting the above-mentioned total number of Sub-Master(s) for our key code. We have indicated for whom the Sub-Master will be and for what it will be used.
4. We also understand that each item ordered with a Sub-Master will incur an additional \$7 charge.

Name and Authorized Signature of the person submitting this form:

Request will only be processed when signed by personnel from your department who are currently on file with Knox as Authorized Signers with both Keys and Orders level of authority.

Name and Title	Authorized Signature
Additional Signers for Sub-Master Account Only	

PLEASE COMPLETE, SIGN & SUBMIT TO "RECORDS" BY ANY METHOD BELOW:

Email: records@knoxbox.com

Fax: (623) 687-2296

Mail: ATTN: RECORDS
1601 W. Deer Valley Road
Phoenix, AZ 85027

