

Charleston Fire Department

Knox Box Contact Information Form

Site Address: _____

Business Name: _____

Responsible Person for the Site: _____

Address: _____

Contact Numbers: Home: _____ Cell: _____

2nd Contact Person: _____

Contact Numbers: Home: _____ Cell: _____

Knox Box

Mounting Location: _____

Box Serial Number: _____

Fire Alarm Smoke Heat Flow Other _____

Annunciator Panel Location: _____

Monitoring Agency and Phone Number: _____

Other Information: _____

Knox Box Paid For: Date _____ Initial _____

Knox Box Picked Up: Date _____ Initial _____

Key(s) Locked Up: Date _____ Initial _____

Info. Entered In System: Date _____ Initial _____

Fire Dept. Copy