



McHenry Township Fire Protection District
Residential Knox Box Loaner Program Form

Applicant Name: _____

Address: _____

Applicant Phone #: _____

Reason for the Knox Box: _____

Emergency contact: _____

Emergency Contact phone #: _____

Estimated time-frame of use: _____

Office Use:

Department Knox Box # _____

Location of Knox Box: _____

Model #: _____ Serial #: _____

Installation Date: _____

Premise Alert Program Form completed on (date)
