



## **KNOX PRODUCT APPLICATION FORM**

**Application Fee: \$203.00 per address**  
**Make checks payable to the City Treasurer**

Section I – Applicant Information	
Applicant's Name	
Business Name	
Address	
City, State, Zip	
Applicant's Phone	
Email	

Section II – Site Information	
Site Name	
Address	
City, State, Zip	
Contact Person	
Contact Phone	

Section III – Product Information	
Reason: Install Knox Box, Knox Key, Switch, Etc.	

Applicant Signature

Print Name

Date

**Please return this form with check and the Knox Product Authorization Order Form to:**

San Diego Fire-Rescue Department  
Community Risk Reduction Division – Knox Box Program Coordinator  
525 B Street, Suite 300  
San Diego, CA 92101

For Official Use Only		
Streamline #	Receipt #	Check #
Fire-Rescue Representative Signature	Print Name	Date