



San Diego Fire-Rescue Department
 Community Risk Reduction Division
 525 B Street, Suite 300, San Diego, CA 92101



KNOX PRODUCT APPLICATION

Application Fee: \$153 per address payable to City Treasurer

Section I – Applicant Information

Applicant Name			
Business Name			
Business Address (number, street, building)	City	State	Zip Code
Email		Phone	

Section II – Site information

Site Name			
Address (number, street, building)	City	State	Zip Code
Contact Name		Phone	

Section III – Product Information

Reason (install knox box, knox key, switch, etc.)

Applicant Signature _____

Print Name _____

Date _____

Mail this application 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

Check # _____	FOR OFFICIAL USE ONLY
Receipt # _____	SDFD Representative Signature _____
Streamline # _____	SDFD Name (Print) _____ Date _____