



Knox Box Rental Form

Name: _____

Address: _____

Phone: _____

Serial #: _____ Dept. #: _____

This Knox Box is being leased from the Mt. Hope-Funks Grove FPD for use by and at the address above. This box cannot be relocated without the express written permission of the Mt. Hope-Funks Grove FPD. Should the occupant vacate the property, the Knox Box **must** be returned to the Mt. Hope-Funks Grove FPD.

The lease is for a 6-month period. At the end of the 6-month period, you will be given the option to purchase a Knox Box for your personal use or to renew your lease, for a final 6-month period. At the end of the second 6-month period, the box **must** be returned to the Mt. Hope-Funks Grove FPD. If you wish to purchase a Knox Box for your personal use, you can call Knox Box at 800-552-5669 or visit www.knoxbox.com/19934

****NOTE** THIS KNOX BOX IS, AND REMAINS,
THE PROPERTY OF THE Mt. Hope-Funks Grove FPD.**

Signature

Date

Signature of Department Personnel

Badge Number

Box returned on _____ **to** _____
Date **Dept. Personnel/Badge Number**