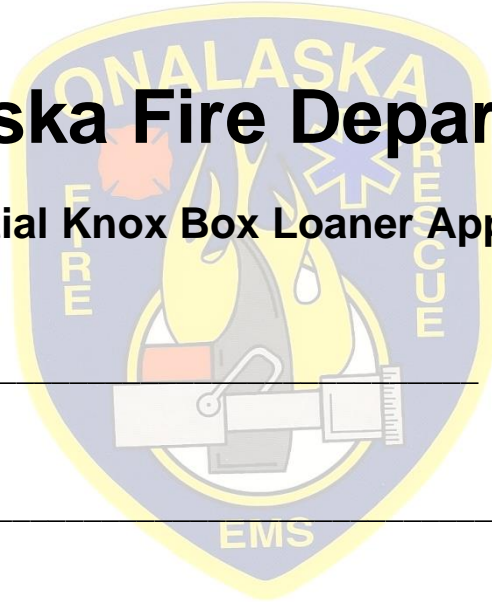


# Onalaska Fire Department

## Residential Knox Box Loaner Application



Resident Name \_\_\_\_\_

Resident Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Driver's License/State ID Number \_\_\_\_\_

Secondary Contact Number

\_\_\_\_\_

Location of Box on Home \_\_\_\_\_

Estimated time needed \_\_\_\_\_

Knox Box Number \_\_\_\_\_

Reason for Needing a Knox : \_\_\_\_\_

\_\_\_\_\_



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**This form must be signed by the owners and all adults residing at location:**

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**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_