



North Liberty Fire Department

25 W. Cherry St., North Liberty, IA
 Phone: (319) 626-5709 Fax: (319) 626-3238

Temporary Knox Residential Home Box Program

Application/Contract		
Applicant Information		
Name:		
Date of Birth:	Phone:	
Current Address:		
City:	State:	ZIP Code:
E-mail:		
Emergency Contact		
Name of a person not residing with you:		Phone:
Address:		
City:	State:	Zip Code:
Relationship:		Email:
To Be Completed by Fire Department		
Physical Address of Knox Home Box:		
Location of Home Box:		Contents:
Box Serial #:	Knox Sticker In Place: YES	Date of Installation:
Special Notes:		
Terms of Use		
Residential Knox Home Box is property of the City of North Liberty, Fire Department.		
<ol style="list-style-type: none"> 1. The Home Box may be used for up to one calendar year. 2. Knox Box (red) sticker provided shall be placed on the exterior of the door nearest to the Knox Box. 3. The user of the Home Box shall contact the North Liberty Fire Department when ready to return the Home Box. Phone: (319) 626-5709. 4. The Knox Box sticker shall be removed from the property when the box is returned to the North Liberty Fire Department. 5. The user of the Home Box shall be responsible for the replacement cost if the box is lost and/or damaged. 6. The user of the Home Box shall be responsible for contacting the fire department in the event the key in the Knox Box needs updated. 		
I have read and agree to the Terms of Use of this application/contract. I hereby authorize the North Liberty Fire Department to place one (1) temporary Knox Home Box at the location given. I further authorize the North Liberty Fire Department to access the key contained in the Knox Box to gain access to my home if necessary when responding to a call for service at or involving my home. I have received a copy of this application/contract.		
Signature of Applicant:		Date:
Signature of Fire Personnel:		Date:

Provide a copy of this application/contract to both the User and NLFD Fire Marshal