



SEDONA VERDE VALLEY ASSOCIATION OF REALTORS®

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KNOX BOX PROGRAM SPONSORED BY THE SEDONA VERDE VALLEY ASSOCIATION OF REALTORS®

The Knox Box Program provides the local Fire-Rescue Departments with a quick and easy means to access a secured home, building or area. It also minimizes potential costly repairs caused by forcible entry and allows the building to be re-secured quickly and easily. The Sedona Verde Valley Association of REALTORS® sponsors this program as a Community Outreach Service for the Sedona, Cottonwood, Clarkdale, Camp Verde and other Verde Valley areas by ordering Knox Boxes (\$150 each) for local residents who cannot afford them. All of our installers volunteer their time.

Date: _____

How did you hear about this program? _____

If you are filling out this form for someone else, please provide your name and phone number:

Your Name(s): _____

Phone: _____

Please fill out the following information for the person who is in need of having a Knox Box installed on their home:

Do you own your home or renting it? _____

Name(s): _____

Age(s): _____

Street Address: _____

City, State Zip _____

Subdivision _____

Phone: _____

1. What are the medical problems concern you the most? _____

2. Has 911 been called in the past for this/these condition(s)? _____ Yes _____ No

3. Additional Medical Conditions: _____

4. How many keys are required to open your front door? _____

We need a key or set of keys to be put inside the safe (Knox Box). **The key/keys stay inside the safe always; you will not be able to get them out again. Only the Fire Department will be able to open the safe.**

5. Do you have a security door or gate? ____ Yes ____ No [if yes, the key(s) for the security door or gate must be put into the box, as well.]

6. **Income Questions** (Fill in Co-Pay below.)

Is your income in excess of \$50,000? ____ Yes ____ No (if **Yes**, the co-pay is **\$150.00**), if no, go to next question.

Is your income between \$25,000 and \$50,000? ____ Yes ____ No (if **Yes**, then co-pay is **\$75.00**). If **No**, box is free.

Co-Pay amount: _____ Donations are appreciated.

7. Do you have a file of life or Life Alert? (Mark boxes below.)

File of Life? ____ Yes ____ No Life Alert? ____ Yes ____ No

Other? ____ Yes ____ No Name of "other" _____

Additional instructions or comments: _____

We will schedule the installation ASAP, depending on fire department and installer availability, as this is a volunteer project.

Office Use Only -- Request Taken By: _____