



City of Hartford

FIRE PREVENTION BUREAU/FIRE MARSHAL'S OFFICE KNOX BOX REQUEST

DATE: _____

Building NAME _____

ADDRESS of BUILDING _____ HARTFORD, Connecticut

Owner/Agent's Name: _____

Address: _____

City: _____ State: _____ ZipCode: _____

Contact Person: _____ Telephone: #:

_____/_____

FOR OFFICE USE ONLY

Payment: \$ _____ Check # _____ Dated: _____

Received by: _____ Date: _____

The Knox-box for the above listed property has been installed; inspected this date and is hereby in compliance this date:

Inspected by: _____ **Date:** _____
FMO Officer/Inspector

COMMENTS: