



Town of Reading
16 Lowell Street
Reading, MA 01867-2683

Jane Burns, Administrator
Elder/Human Services
Phone: 781-942-6659
Fax: 781-942-9071
jburns@ci.reading.ma.us

Permission to Install Knox Box

I, _____

grant permission to Reading Elder Human Services and the Reading Fire Department to
install a KNOX BOX to the exterior door of my residence at:

My telephone number is _____.

This KNOX BOX is installed to allow rescue personnel to enter in an emergency and only the Reading Fire Department has access to the KNOX BOX and can open the door.

It is understood that the KNOX BOX is the property of Reading Elder Human Services unless it has been privately purchased. When it is no longer needed, the Reading Fire Department will remove the KNOX BOX.

I further understand that I, or my designee, will notify Elder Services when the KNOX BOX is no longer needed.

Emergency contact:

Name _____

Address _____

Phone number _____

Relationship _____

Do you have a spare door key to be placed in the KNOX BOX ? Yes _____ No _____

Signature _____ Date _____

For Office Use Only:

Date Installed _____ Date Removed _____