



SOUTH ELGIN & COUNTRYSIDE FIRE PROTECTION DISTRICT

Headquarters Station 21 1090 W. Spring Street, South Elgin, IL 60177 847-741-2141



RESIDENTIAL KNOX BOX PROGRAM

What is a Knox Box?

A Knox Box is a small, door-mounted safe that holds building keys for firefighters and paramedics to retrieve in emergencies. The Fire Department holds master keys to all such boxes in their response area, so they can quickly enter a building without having to force entry.

Who is eligible?

- ✓ Any individual who resides within the South Elgin and Countryside Fire Protection Districts boundaries.
- ✓ Any individual that lives by themselves or with an existing medical and/or physical condition that could render them unable to open a locked door in the event of an emergency.

How do I obtain a residential Knox box?

- The individual must meet the existing criteria above.
- Contact the Fire Department at (847) 741-2141 to set up an appointment with Battalion Chief Bill Eckles.
- Fill out a deposit form (attached) and drop it off at Fire Station #21 along with your refundable \$100 deposit (deposits will be refunded upon return of the box).
- Fill out a File of Life medical information packet and keep it displayed on the resident's refrigerator.
- The recipient must be able to control pets or have them locked up for rescue personnel's safety.

NOTE: The Fire Chief can waive the deposit fee under special circumstance



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Type of Knox Box: _____

Serial Number: _____

Address Knox Box is to be used: _____

Date requested for the Knox Box to be installed: _____

Required deposit: \$100.00

Date received: _____

Check Number: _____

Renewal Date: _____

Date Returned: _____

To obtain a refund of the above deposit, the residential Knox Box must be returned to South Elgin Fire Station #21, located at 1090 W. Spring Street, South Elgin, IL 60177.

I understand that I am responsible for any damage to the Knox Box or property caused by installation of the Knox Box while in my use. Any damage to the Knox Box will be deducted from deposit upon return and I will pay any additional charges exceeding that amount.

I REALIZE THAT THIS DEVICE CAN ONLY BE USED WITHIN THE SOUTH ELGIN FIRE DISTRICT AS OTHER AGENCIES DO NOT HAVE THE CORRECT KEY TO OPEN THE BOX.

Authorized Signature: _____

Printed Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Additional Contact Person: _____

Additional Contact Person's Phone: _____