



DEPARTMENT OF PUBLIC SAFETY



Ashwaubenon Public Safety Residential Knox Box Request Form

Name: (Last)_____ (First)_____ (Middle)_____

Address:_____ Apt#:_____

City: (Ashwaubenon Residents Only)_____ Zip:_____

Date of Birth (month/day/year)____/____/____ Phone (____)____-_____

Signature:_____

Secondary Contact

Name: (Last)_____ (First)_____ (Middle)_____

Address:_____ Apt.#:_____

City:_____ Zip:_____ Phone: (____)____-_____

Signature:_____

Reason for Requesting:_____

Please email completed form to: Fire Inspector John Johnson jjohnson@ashwaubenon.gov
or deliver in person to Ashwaubenon Public Safety. Upon receipt you will be contacted by
Ashwaubenon Public Safety Fire Inspection Dept. to schedule install.

Fire Inspector:_____ Date:_____

Dept. Use

Date Installed:_____ By:_____

Data Entered:_____ By:_____

Date Returned:_____ By:_____

Data Removed:_____ By:_____

Location Installed:_____

Box Serial #:_____

POLICE - FIRE - RESCUE

2155 Holmgren Way Ashwaubenon, Wisconsin 54304 P (920) 492-2995 F (920) 492-2986

ashwaubenon.gov