



### Knox Box Personnel Approval Form

Date Form Completed:

Department Name/Station Number:

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#### Chief or Captain Statement of Approval

I authorize (name) \_\_\_\_\_ of (department) \_\_\_\_\_  
to have a security code to operate Knox Boxes located in Shenandoah County.

Members SSN (Last 4 only) \_\_\_\_\_

Chief/Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Personnel Statement of Use & Security of the System

I, (name) \_\_\_\_\_ understand that the Knox Box system is used for gaining access to areas or structures during an emergency event. I also understand that if I make entry using the Knox Box system during a non-emergency event that I can be held criminally liable. I further understand that I am responsible in the use and security of my assigned security code and I will be held accountable for every entry into the Knox Box system using my security code. I further more understand that every entry into the Knox Box Key Secure System exceeding 20 seconds must be documented and filed with Shenandoah County Department of Fire & Rescue using the Knox Box Entry Form.

\_\_\_\_\_  
Signature of approved personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date