

Manhattan Fire and Ambulance District

100 Park Road • P.O. Box 65 • Manhattan, Illinois 60442
Station 81 (815) 478-3197 • Station 82 (815) 478-5578 • Fax (815) 478-9880

Residential Knox Box Loan Program

The Manhattan Fire Protection District has established a Residential Knox Box Loan Program for citizens of the Manhattan Fire Protection District. The objectives of this program are to expedite the paramedics reaching the patient and to minimize or eliminate damage to property by forcible entry.

Residents meeting the following criteria are eligible for the program.

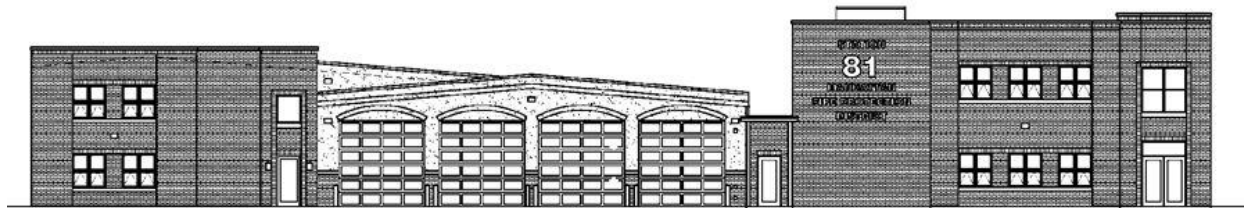
1. The Knox Box can only be used for a Manhattan Fire Protection District resident living within the Fire District.
2. An individual with an existing medical or physical condition which could render him/her unable to open a locked door in an emergency situation.

A one time fee of \$170.00 is required to purchase the Knox Box .

The loaner program may be an option for residents experiencing financial hardship. Knox boxes can be on loan for a maximum of one year. Upon expiration, applicants can re-apply for an additional year. **MUST** be returned if for any reason it is no longer needed.

Obtaining a Residential Knox Box

1. Individual must meet the existing condition criteria.
2. Contact the Fire Department at (815) 478-3197 to determine if a Knox box is available for purchase and to make an appointment
3. Fill out the form and sign paperwork. If a box is available, the \$170.00 purchase fee is required at that time. (Cash or Check accepted. Make checks payable to **Manhattan Fire Protection District**).
4. Bring the required residence keys to the Fire Department.
5. The Fire Protection District will install the Knox box on an approved entrance door.



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Residential Knox Box Loan Program Application

- The resident using the Knox Box lives within the Manhattan Fire Protection District
- The Residential Knox Box must be re-applied for after one year.
- I am responsible for returning the Knox box to MFPD when I am finished using it
- I am responsible for replacement costs of the Knox box if it is damaged or lost.

REQUESTED DATES OF USAGE From _____ To _____.

Location of Knox Box Installation

NAME (PLEASE PRINT) _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Emergency Contact (other than location of Knox Box)

NAME (PLEASE PRINT) _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

The Residential Knox Box must be re-applied for after one year. I understand I am responsible for returning it when I am finished using it. I also understand I am responsible for replacement costs of the Knox Box if it is damaged or lost.

AUTHORIZED SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

TYPE OF BOX _____ SERIAL NUMBER _____ MFPD TAG # _____

DATE OF ISSUE _____ EXPIRATION DATE _____

LOCATION BOX INSTALLED: _____

DEPOSIT \$ _____ METHOD OF PAYMENT: CHECK # _____ CASH _____

CAD ENTRY _____

RETURN DATE _____ REC'D BY _____

REFUND ISSUED YES NO BY _____ DATE _____