



Dennis Fire Department

883 Main Street, West Dennis MA 02670

Commercial Lock Box Application



Name of Business: _____ Date: _____

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ E-mail Address: _____

Manager's Name, Address and Phone

1. Name _____ Address _____
 Phone 1 _____ Phone 2 _____

Owner's Name, Address and Phone

2. Name _____ Address _____
 Phone 1 _____ Phone 2 _____

I understand that the loss of any key(s) is the responsibility of the Lockbox subscriber or legal representative and/or responsibility for changing or alteration or notification thereof, shall be the responsibility of the Lockbox subscriber or legal representative. Please call Dennis Fire for removal of lock box when need no longer exists.

Signature of Subscriber or designee: _____ *Date* _____

Building Number must appear on the Street Side of the property in 3 Inch contrasting numbers, not script

Mail or Fax application to: Dennis Fire Department Phone - 508-398-0363 Fax – 508-398-5925
 Email application to: fireinspector@town.dennis.ma.us

Please make check payable to the Dennis Fire Association in the amount of \$70.00.

To be completed by Installing Personnel

Date Lock Box Placed: _____ DFD ID Number: _____

Location Lock Box Placed: _____

Lock Box Installer: _____

Appointment Date and Time: _____ Fee Paid/Check Number: _____

Company Officer Signature _____ Date _____