

**GREEN BAY METRO FIRE DEPARTMENT
LOCK BOX INSTALLATION REPORT**

TYPE: KNOX-BOX

Address: _____ IR # _____

Common Name: _____

Box Location(s): _____

Contents Installed: _____

Installed by: _____ Witnessed: _____
Fire Co. Officer Business Representative

Date: _____
White copy to Fire Prevention - Yellow Copy to County Dispatch - Pink Copy to Business Representative
White Copy to Mark Plate. Yellow copy to Business Representative

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