



Stockton Fire Department • Fire Prevention Division
 345 N. El Dorado Street, Stockton, CA 95202
 (209) 937-8271 • Fax (209) 937-8893



KNOX PRODUCT PURCHASE APPLICATION

Application Date _____ Project located in: CITY COUNTY
 Project or Business Name _____
 Project or Business Address _____ Suite _____ Zip _____
 Location of Installation _____

CONTACT INFORMATION

Name _____
 Address _____ City/Zip _____
 Phone _____ Fax _____
 Contact Person _____ Office Phone _____ Cell _____
 E-mail Address _____

**Work done in the City requires a CITY OF STOCKTON BUSINESS LICENSE
 ALL LICENSE INFORMATION IS SUBJECT TO VERIFICATION**

CITY OF STOCKTON Business License # _____ Expiration Date _____
 STATE Contractor License # _____ Expiration Date _____

Application is hereby made for the purchase of the following KNOX products:

✓ Applicant check type of Product	Quantity	Office use FEE
(Item #3501) Key Switch (Sub-mastered)		
(Item #3502) Key Switch w/ Mounting Plate (Sub-mastered)		
(Items # 3501 & 3502 Set) Key Switch (Sub-mastered) <u>AND</u> Key Switch w/Mounting plate (Sub-mastered)		
(Item #3770) Exterior Padlocks (Sub-mastered)		
(Item #3772) Shrouded – All Weather Condition (Sub-mastered)		
(Item #3202) Surface Mount Lift w/ Lift Off Door (Black)		
(Item #1650) Surface Mount Lift w/ Lift Off Residential Boxes		
(Item #1007) Key Ring		
(Item #1001) Decal		
(Item #1006) Tags		
TOTAL		

I ATTEST, THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name (PRINT): _____ Applicant's Signature: _____

OFFICE USE ONLY:	Check # <input type="checkbox"/> _____
Issued by: _____	<input type="checkbox"/> Credit Card _____
Date Issued: _____	Pay Code: XX 646-0294-342.29-01