



Dauphin County
Emergency Management Agency

Knox Box Encoder Waiver

Facility Name _____

Facility Address _____

Facility Phone Number _____

Side of Building Knox Box is Located Side A Side B Side C Side D

Knox Box Location on Side Indicated (i.e. - left of main entrance) _____

Facility Responsible Party Name and _____

Home Address _____

Responsible Party Phone Number _____

The above named facility and responsible party hereby hold harmless and indemnify the County of Dauphin from any and all claims of loss, damage, or liability in relation to the County's involvement in the implementation of the radio activated Knox Box Security System.

Furthermore, it is understood that the Local Emergency Service provider, holding the master key for the municipality in which the above mentioned facility is located, is responsible for the administration of the Knox Box Security System.

Facility Responsible Party _____
(SIGNATURE) (TITLE)

Date _____

Emergency Service Provider _____
(SIGNATURE) (TITLE)

Date _____

DEMA USE ONLY			
Date Implemented:		Box Number:	