KnoxConnect™ Software Registration Form

**Upon completion, please Fax to 623.687.2296 Attn: Records, or
Mail to Attn: Records, Knox Company, 1601 W. Deer Valley Rd., Phoenix, AZ 85027**

1. Key Retention Model: KeySecure 5   KeySecure 6 (Knox eLock System)

2. Initial Service Period: KnoxConnect Local   KnoxConnect Cloud, 1 year   KnoxConnect Cloud, 3 year
(KeySecure 5 Only)   (KeySecure 5 & 6)   (KeySecure 5 & 6)

3. Department Information

Department Name _____   System Code _____

Street Address _____

Mailing Address _____

City _____   State _____   Zip _____

Phone _____   Fax _____

4. Department Head - The officer who is in charge of your department.

Name _____   Title _____

E-mail _____   Phone _____

5. Knox Program Coordinator - The Knox Program Coordinator for your Rapid Entry System. All materials will be sent to this person at the address above.

Name _____   Title _____

E-mail _____   Phone _____

6. Department KnoxConnect Contact - This individual will receive the initial invite to log in and setup the Department's users and units. If same as Knox Coordinator, check this box

Name _____   Title _____

E-mail _____   Phone _____

7. Billing Contact

Name _____   Title _____

Address _____

E-mail _____   Phone _____

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When seconds matter™

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