



Fire Paramedic Service • Service d'incendie et de soins médicaux d'urgence  
Fire Prevention Branch • Direction de la prévention des incendies

## **REQUEST FOR LOCKED KEY BOX INSTALLATION OR CHANGE OF KEYS**

(To be submitted by Property Owner or Property Owner's Authorized Agent)

Date: \_\_\_\_\_

- New Lock Box Installation       Change of keys to existing Lock Box
- Upgrade cylinder and key (Medeco<sup>3</sup> patent protected cylinder & key only)

Name of Building: _____	
Address: _____	
Postal Code: _____	
Telephone No. _____	Fax No. _____
Authorized By: _____	Position: _____
Business Name: _____	

Name of Locksmith: _____	
Address: _____	
Telephone No: _____	Fax: _____
Installed by: _____	

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**Location of Locked Key Box (Must be located at or near the building's principle entrance. Exact location must be specified.)**

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**Locked Key Box to contain keys for emergency personnel access to: (Check appropriate boxes)**

- Front Entrance Door**
- Fire Alarm System Panel**
- Fire Fighters Elevator**
- Fire Safety Plan Box**
- Locked Stairwell Doors**
- Locked Roof Access Door**
- Electrical or Mechanical Rooms**
- Other Fire Protection Systems or Equipment (Specify) \_\_\_\_\_**

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**Each key shall be separately identified with a securely attached tag.**

**At no time should a building Master Key be placed in a lock box.**

**Applicants are responsible for the proper installation of a lock box and the security of its contents.**

PLEASE BE ADVISED THAT ONLY MEDECO PATENT PROTECTED CYLINDERS AND KEYS ARE ACCEPTABLE.

Locksmiths are required to forward this completed application to the Winnipeg Fire Department, Fire Prevention Branch, by either mail or fax - Attention: "Lock Box Program".

*NOTE: THE WINNIPEG FIRE DEPARTMENT DOES NOT ENDORSE SPECIFIC PRODUCTS AND ASSUMES NO RESPONSIBILITY FOR THE INSTALLATION, SECURITY, CONTENTS, AND/OR DAMAGES TO ANY LOCKED KEY BOX.*

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