



FIRE DEPARTMENT SIGNUP FORM

Please fill out and mail to:

**Attn: New Accounts
150 Candace Dr.
Maitland, FL 32751**

Authorized Signature Form :

This authorizes Fail-Safe to setup a new key code for your jurisdiction and request the quantity of keys needed for your jurisdiction

This is notification that the *Fail-Safe Rapid Access System* has been accepted in the Jurisdiction of _____, as of ____/____/____. The following are the authorized signatures on the *Fail-Safe* order forms. Please sign and print/type names.

(sign, name and title)

(print/type, name and title)

(sign, name and title)

(print/type, name and title)

(sign, name and title)

(print/type, name and title)

(sign, name and title)

(print/type, name and title)

Please Provide As Many Names As Necessary

