



## KEY RELEASE FORM

Please fill out and mail to:

**Attn: Fail-Safe Emergency Access Systems  
150 Candace Dr.  
Maitland, FL 32751**

**Key Request Form** Please Type or Print in the Spaces Provided.

I, \_\_\_\_\_, my title is \_\_\_\_\_, request from *Fail-Safe* to provide the Jurisdiction of \_\_\_\_\_ with \_\_\_\_\_ key(s) to operate the *Fail-Safe Rapid Access System* assigned to the above mentioned jurisdiction. \_\_\_\_\_ (sign, name and title)

**Important Note:** *If you are requesting keys on an existing Medeco lock system, you should contact the original supplier of the key.*

The authorized contact for the jurisdiction of \_\_\_\_\_, Herby authorizes **Fail-Safe** to pin the locks featured on the **Fail-Safe** Emergency Access Systems to the enclosed Master Key. This key release authorizes and supercedes any previous department or county memorandums, to provide authorization for Fail-Safe or Medeco Service Centers to pin locks to this key, and ship them to Fail-Safe or their assigns until further notice.

Name

Title

Signature of Authorized Jurisdiction Representative

Date

Area Code and Phone Number

Delivery address for return of key

City

State

Zip

**Note:** **Fail-Safe** will use the enclosed key for the sole purpose of building locks used in the above-mentioned jurisdiction. This key shall be strictly maintained by the Medeco Service Center Or **Fail-Safe** during this process until the above jurisdiction provides written otherwise.