



**Borough of Plum**  
2000 Mike Thomas way  
Pittsburgh PA 15239  
Phone: (412)795-6800

## Knox Box Application

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

<b>Building Name/Tenant:</b> _____	
<b>Property Address:</b> _____ _____ _____	
<b>Current Owner:</b> Name: _____ Address: _____ _____ Phone: _____ E-Mail: _____	
<b>Emergency Contact Information:</b> Name: _____ Phone No: _____ Cell No: _____	
_____ _____	
Property Owner (please print)	Property Owner's Signature

FOR OFFICE USE ONLY	
Lot & Block:	Zoning District:
Fee Paid:	Check #:
Knox Box Serial Number:	Date Installed:
Inspected by:	Date:
Comments: _____ _____ _____	