



Brewster Fire Department Fire Prevention Bureau

1657 Main Street
Brewster, MA 02631
(508)896-7018

Lock Box Subscriber Form

Date: _____

Name: _____

Address: _____

Phone: _____

Contact Person Name & Telephone Number:

1: _____

2: _____

I understand that the loss of any key(s) is the responsibility of the subscriber or legal representative. Also, notification of any changes or alterations shall be the responsibility of the lock box subscriber or legal representative.

Signature: _____ Date: _____

Note: House number must appear on street side of property in 4" high, contrasting numbers

Installation date of lock box: _____

Location of lock box:
