



BRK Brands, Inc. • 3901 Liberty Street Road
Aurora • Illinois 60504-8122 FAX: 800-603-2878
Tel: 800-323-9005 • EMAIL: NotaryLetter@firstalert.com

NOTARIZED STATEMENT OF OWNERSHIP FOR SAFE COMBINATIONS OR KEYS

Be advised: To avoid delays in processing request, please print clearly and complete all information requested below. Please submit the completed form via EMAIL, FAX or mail (all are located in the above right hand corner).

Customer Account #: _____
Item(s) Requested: _____ Combination _____ Keys _____ Combination & Keys _____ Override Passcode

Note: Keys, combinations, override passcodes for older safes cannot be guaranteed. Brinks Safe Keys are NOT available.

Select method you wish to receive combination and/or override passcode (Please allow up to two business days):

Mail (address below) _____ CALL (number below) _____ EMAIL ADDRESS: _____

*Please specify persons at the number below we can release the combination and/or override passcode to:

If keys, please specify type of keys and quantity desired:

Steel Cash & Security Box Keys cost \$7.95 and are only sold as a pair – (Do not require a notary letter)

All other safe model keys cost \$10.95 each – (notary letter is required)

ACCEPTABLE FORMS OF PAYMENT: CREDIT CARD (DISCOVER, MASTERCARD, VISA) CASHIERS CHECK, MONEY ORDER OR BUSINESS/PERSONAL CHECK

To make payment via CC- please call us at 800-323-9005 after you have sent and we have received the notary letter

_____ **Override/Master** _____ **Standard, Entry or Companion**
(to open the safe without use of combination or passcode) (to open safe with use of combination or passcode)

*Keys will ship regular US Postal Service to address listed below, please allow 7-10 business days from order ship date to receive.

I, _____, declare that I am the legal and rightful owner of the safe.
(Print Name)

Please circle: if you are the Power of Attorney, an authorized company representative, or estate executor for the rightful safe owner.
(You must provide the necessary court-ordered or other supporting documents)

Model #: _____ **Serial #:** _____ **Key #:** _____
Model #: _____ **Serial #:** _____ **Key #:** _____

(Name) (Business Name – if applies)

(Address) (Apt or Unit Number)

(City, State, Zip)

TELEPHONE (Area Code + Phone Number) EMAIL Address

(Date) (Signature of Safe Owner or Authorized Person selected above) (Print Name of Safe Owner)

State of: _____ Notary Public Seal or Stamp
County of: _____ If emailing or faxing in, please shade over the seal

Sworn to and subscribed before me
This _____ day of _____, 20 _____.

My commission expires on: _____, _____, 20 _____

****NOTE: SIGNATURE OF SAFE OWNER MUST BE WITNESSED IN THE PRESENCE OF A NOTARY PUBLIC OF NO RELATION TO YOU****

(Date) (Signature of Notary) (Print Name of Notary)