



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.