

CHELSEA FIRE FIGHTERS, LOCAL 1889

(734) 475-8755

KEY BOX ORDER FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TOWNSHIP: _____
PHONE #: _____

MOUNTING LOCATION/INSTRUCTIONS:

COST PER KEY BOX: \$35

MAKE CHECK PAYABLE TO: "CHELSEA FIRE FIGHTERS, LOCAL 1889"

PAID: ____ DATE: ____/____/____ PAYMENT RECEIVED BY: _____
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