



## 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 #: \_\_\_\_\_ (For Dealers & Retailers)

Item(s) Requested: \_\_\_\_\_ 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: \_\_\_\_\_

**ACCEPTABLE FORMS OF PAYMENT: CREDIT CARD (DISCOVER, MASTERCARD, VISA) OR PAYPAL (woodsalesco@gmail.com)**

Please check the box for the key(s) you need & your selection for shipping then total your order:

Replacement Keys	Price	Total
Steel cash & security box keys (Notary Not Required)	\$12.95 (each)	\$ _____
All other safe model keys (Notary Required)	\$19.95 (each)	\$ _____
All additional / extra keys      Quantity: _____ pcs.	\$ 9.95 (each)	\$ _____
<b>Shipping</b>		
US Mail: Allow 2 to 3 weeks (no tracking)	\$Free	\$ _____
UPS Ground Saver: Allow 5 to 7 days w/ tracking	\$19.95 (only in the 48 United States)	\$ _____
UPS Second Day Service:	\$50.00	\$ _____
UPS Next Day Service:	\$Call	\$ _____
International Shipping	\$Call	\$ _____
<b>Combinations</b>		
Combination Replacement & Override Code	\$ 9.95 (each)	\$ _____
<b>Misc. Parts</b>	\$Call	\$ _____
	<b>Total</b>	\$ _____

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

\_\_\_\_\_  
(Print Name)

I, \_\_\_\_\_, declare that I am the legal and rightful owner of the safe.

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 #: \_\_\_\_\_**

\_\_\_\_\_  
(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)

**THIS BOX FOR INTERNAL USE ONLY**

Final Key Cut # \_\_\_\_\_ Sales Order # \_\_\_\_\_

State of: \_\_\_\_\_  
County of: \_\_\_\_\_

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires on: \_\_\_\_\_, \_\_\_\_, 20\_\_\_\_

Notary Public Seal or Stamp

If emailing or faxing in, please shade over the seal)

**\*\*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)