



BRK Brands, Inc. • 3901 Liberty Street Road
Aurora • Illinois 60504-8122
Tel: 630-851-7330 • Fax 630-851-7995

NOTARIZED STATEMENT OF OWNERSHIP FOR COMBINATIONS OR KEYS

Be advised: To avoid delays in processing request, please print clearly and complete all information requested below. You may submit the completed form via fax or mail (address and fax number located in the above right hand corner).

Customer Account #: _____

Item(s) Requested: ____ Combination ____ Keys ____ Combination & Keys

Select method you wish to receive combination:

Mail (address below) ____ FAX (number below) ____ CALL*(number below) ____

*Please specify persons at the number below we can release the combination 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: CASHIERS CHECK, MONEY ORDER OR BUSINESS/PERSONAL CHECK

______ Override/Master (used to open the safe without a combination or passcode)

______ Standard, Entry or Companion (used to open safe with a combination or passcode)

______ Other (please specify) _____

*Keys will ship regular US Postal Service to address listed below, please allow 10-14 business days for receipt once order is placed.

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) FAX (Area Code + Number)

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

State of: _____ Notary Public Seal or Stamp (if faxing please shade over the seal)
County of: _____

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

My commission expires on: _____, _____, 20 ____

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

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