



MESA SAFE COMPANY KEY OR COMBO REQUEST

Mesa Safe Company
Phone: (800) 490-5624
Fax: (714) 627-4016
Email: support@mesasafe.com
Hours of Operation:
Mon-Fri, 7:00am - 4:30pm PST

IMPORTANT: SOME KEYS OR COMBOS MAY NOT BE AVAILABLE. Please call customer service to check for availability and prices. CALL (888)381-8514.

Please provide the following:

- Proof of Purchase or the notarized document. (must send the original NOTARIZED DOCUMENT by mail, copies will NOT be accepted)
- Processing Fee. Payments can be made by credit card, check, or money order (please do not send cash). Check or money orders should be made payable to **Mesa Safe Company, Inc.** If credit card is selected, do not send your credit card information, we will call you and handle the payment over the phone.

MAIL TO:

Mesa Safe Company Inc.
Attn: Records Dept.
PO Box 237
Brashear, TX 75420

Visit mesasafe.com for more information about your safe.

The notarized document is attached.



LOST COMBINATION OR SECURITY KEY NOTARIZED FORM

INSTRUCTIONS: Please call customer service before completing this form. CALL (888)381-8514. After approval, please complete this form in its entirety and have it notarized. You must return the completed form via **mail**. The original must be sent; copies will not be accepted.

MAIL: Mesa Safe Company
PO Box 237
Brashear, TX 75420

I, _____, swear under the penalty of perjury that (Please select one option below):
(Print Name)

___ I am the rightful owner of the safe OR I am an authorized agent acting on behalf of the safe owner

___ I am an authorized representative of a company that is the rightful owner of the safe

___ I possess Power of Attorney for the rightful owner of the safe*

___ I am the executor or administrator for the estate of the rightful owner of the safe*

* - Must attach supporting documentation, such as death certificate, will, Power of Attorney, or other court-ordered instruments

Bearing the following information:

MODEL NUMBER: _____ **SERIAL NUMBER:** _____

PLACE OF PURCHASE: _____ **DATE OF PURCHASE:** _____

and I am requesting (please select all that apply): ___ Combination ___ Override Code ___ Override Keys

___ Door Keys ___ Inner Drawer Keys

If requesting keys, please provide the key or lock number (if known): _____

Reference#: _____ (if previously assigned by Customer Service)

Name	Business Name	Telephone Number
Street Address or Post Office Box	Apartment/Suite/Building #	E-Mail
City	State or Providence	Country
		Zip or Postal Code

PAYMENT METHOD: ___ Personal Check ___ Credit/Debit Card ___ Money Order/Cashier's Check

Please note: If credit/debit card is selected, do not print credit card information on this form. We will call you and handle the payment over the telephone.

___ Mail (I acknowledge that keys/combination will be mailed to the address indicated above)

***** SIGNATURE MUST BE WITNESSED IN THE PRESENCE OF A NOTARY PUBLIC NOT RELATED TO YOU*****

Owner or Agent Name - PLEASE PRINT	Signature	Date
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***** TO BE COMPLETED BY NOTARY PUBLIC*****

STATES OF _____

Please affix notarial stamp or seal below

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 20____

MY COMMISSION EXPIRES ____ / ____ / 20 ____

Notary Public Name - PLEASE PRINT	Signature	Date
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