



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. If credit card is selected, do not send your credit card information, we will call you and handle the payment over the telephone.

MAIL TO:

Mesa Safe Company
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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