

**Granite Security Products, Inc** 4801 Esco Drive • Fort Worth, Texas 76140 Phone: (469) 735-4901 • Fax: (469) 735-4940



## **Combination/Key Request Form**

	✓	Please complete all fields in the form below.
TIONS	$\checkmark$	Make sure you attach your proof of purchase (receipt) or letter from a law enforcement agency identifying the
ÐĔ		safe and the fact that the safe has not been reported stolen.
TRUC'	$\checkmark$	This form MUST be notarized by a Notary Public.
Ĩ.R	✓	Provide accurate billing and payment information.
SNI		
	*	ALLOW 7-10 BUSINESS DAYS FOR PROCESSING

Safe Information					
Serial Number (Found on front	t lower right side of safe or on top bacl	Lock Type			
				Electronic	Mechanical
Key Code (If Applicable)	Date of Purchase	Store/Dealer Pure	chase Locat	ion	
Reason for your request	-				

Owner Information					
First Name	Middle Initial	Last Name			
Mailing Address			City	State	Zip Code
Billing Address (If different from above)			City	State	Zip Code
Contact Phone Number Email Address (If you want your			r combination emailed to you)	•	

Payment Information												
Card Type	VISA		Master	Card			AMERICA DOPRES	N SS			ER	
Card Numbe (One digit per square												
Card Holder Name			-					Expir	ation Date		/	
Card Holder Signature												 

Notary Public Information		
Notary Name	Date	Seal
Signature		

Please fax your request to: (469) 735-4940 or email your request to combinationrequest@winchestersafes.com

Fees Associated with this r	request:
Combination (Each)	\$25.00
Key (Each)	\$25.00