




San Francisco Fire Department Rapid Entry Order Form

1 Specify Quantity & Total Amount

	DESCRIPTION	PART	QTY.	PRICE	TOTAL
 TRAC-Vault Heavy Duty — 1/4" steel walls & door 5.5"H x 4.5"W x 3.6"D	TRAC-Vault (Surface Mount) & lid	002200		\$398.30	
	TRAC-Vault (Surface Mount) & lid With tamper switch (connects to building alarm)	002173		\$420.00	
	TRAC-Vault lid only	002177		\$273.00	
	Through-wall mounting kit	60466-00		\$21.00	
	U-bolt pole-mount kit	60465-00		\$17.50	
 TRAC-Vault — Recessed Heavy Duty — 1/4" steel walls & door 5.5"H x 4.5"W x 3.6"D With 7" x 7" flange	TRAC-Vault (Recessed Mount) & lid	002203		\$507.50	
	TRAC-Vault (Recessed Mount) & lid with tamper switch	002202		\$525.00	
	Recessed mounting kit — simplifies mounting in masonry or concrete	454000		\$164.50	
 TRAC-Guard Padlock with 2-inch Shackle	TRAC-Guard Padlock, 2 in shackle	002254		\$212.50	
Accessories	Fire Department Alert Label	001725		\$6.30	
				Subtotal	
				State and local sales tax for ship-to address	*EXTRA
				Shipping & handling per lockbox	**EXTRA
				Grand Total*	

Registered Fire Department Information:
 Dept. Name: San Francisco Fire Department,
 Bureau of Fire Prevention
 Phone: (415) 558-3300
 City/State: San Francisco, CA
 Dept. Number: 2485519-7615417

Prices are subject to change. *Applicable taxes will be assessed as required per state law.
 **Shipping & Handling are based on order.

2 Complete Order Information

<p>Ordered by: (must match credit card billing address)</p> Company: _____ Street Address: _____ City/State/ZIP: _____ Attention: _____ Phone: _____ Email: _____ Pay by Credit Card <input type="checkbox"/> or Check <input type="checkbox"/> To safeguard your information and provide tax and shipping costs, customer service will contact you within two (2) business days of receipt of your order for processing.	<p>Ship to:</p> Company: _____ Physical Street Address: _____ City/State/ZIP: _____ Attention: _____ Phone: _____ <p>Installation Address</p> Physical Street Address: _____ City/State/ZIP: _____ Location of lockbox on building: _____
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3 Sign Participation Agreement

First Name (please print)	Last Name (please print)	Date
Signature		

Submit:
 Mail: 4001 Fairview Industrial Drive, Salem, OR 97302
 FAX: 503-589-8989
 Email: customerservice.commercial@carrier.com