

## Safe Combination Request form

To obtain the combination to your safe we will need to obtain the proper documentation to verify ownership. Please provide one of the following options for verification:

- o A receipt of the original purchase if the registration was not completed.
- Provide a written statement on letterhead from the retailer verifying that you are the original owner of the product.
- Provide a written statement on letterhead from local law enforcement verifying the safe is in your possession and is not stolen.
- Provide a written statement on letterhead from a local locksmith verifying the safe is in your possession. The locksmith must be licensed and a member of Savta or Aloa.

We will also need the following:

Circle Lock Type:	ELECTRONIC	BIOMETRIC	MECHANICAL	
Model #	S6	erial #		
Owners Full Name				
Address				
City:	State	Zip Cod	e	
Phone #	Email:	Fax #		
Owners Signature		<u> </u>		
Notary:	Date:	My Commissio	on Expires:	MM/DD/YR
Notary Stamp Here				
Diago rotura complete	d form along with the	roquired decument	r via Email Eav or	Mail
Please return complete Email: <u>Support@proste</u>	•	•	•	
Credit Card #:		Billing	Zip Code:	
Expiration:		Securit	y Code:	
Card Holders Signature	·		_	
Combination Request C	)tv	\$25.00 F	ach ***Taxes may	annly