LOST OR STOLEN KEYS

Name:_____
Last First Middle

Department: _____

Date of Loss:_____Phone Number: _____

List each lost or stolen keys by:
Key Number(s) or Corresponding Room Number

_____

_____

_____

_____

Key holder Signature:_____Date:_____

Supervisor Signature:_____Date:_____

Authorizing Signature:_____Date:_____

Notes:_____
_____
_____
_____
_____
_____
_____
_____
_____

Note: Departments are responsible for all cost associated with the loss of key(s), including but not limited to potential rekeying of spaces affected and the replacement cost of all keys. It will be the departments responsibility to pursue reimbursement from the individual responsible for the lost key(s).