DIVISION OF FACILITIES
KEY CONTROL AND DISTRIBUTION
LOST KEY AUTHORIZATION FORM

Refer to POLICY AND PROCEDURES MANUAL, Chapter 7820, Key Control and Distribution

Please complete the appropriate section(s) and return the form to Key Control and Distribution, 106 Dykstra Hall.

Complete this section in the event that a key is lost or stolen and the individual is paying for the key(s).

INDIVIDUAL IS PAYING

NAME: ___________________  EID: __________________________

DEPARTMENT: __________________________________________

BUILDING: _______________________  ROOM NUMBER(S): ______________________

LOST KEY NUMBER(S): ______________________________________

DEPARTMENT HEAD: ___________________  DATE: __________________________

SIGNATURE

Complete this section in the event that a key is lost or stolen and the department is paying for the key(s).

DEPARTMENT IS PAYING

FIS Account (Org-project-fund source to be charged): ____________________________

NAME: ___________________  EID: __________________________

DEPARTMENT: __________________________________________

BUILDING: _______________________  ROOM NUMBER(S): ______________________

LOST KEY NUMBER(S): ______________________________________

DEPARTMENT HEAD: ___________________  DATE: __________________________

SIGNATURE