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
002 Power Plant
1100 N Martin Luther King Jr Drive
Manhattan KS 66506
Contact Key Control at (785) 532-1710 for total amount.

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