

**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

134 Dykstra Hall

1628 Claflin Rd

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