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