



FACILITIES MANAGEMENT

LOST/STOLEN KEY/ACCESS CARD REPORT

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|
| DATE: | TIME REPORTED: _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> | | |
| NAME <i>(Please print)</i> : | DEPARTMENT: | | |
| TELEPHONE No.: | STAFF <input type="checkbox"/> FACULTY <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| LOSS/THEFT: KEY <input type="checkbox"/> ACCESS CARD <input type="checkbox"/> | LOSS/THEFT: Date: _____ Time: _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> | | |
| REPLACEMENT REQUESTED: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>NOTE:</i> <i>THERE IS A \$10 REPLACEMENT FEE FOR EACH KEY/ACCESS CARD.</i> | LOCATION OF LOSS/THEFT: | | |
| RE-CORING REQUESTED: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>NOTE:</i> <i>THERE IS A \$50 RE-CORING FEE FOR EACH LOCK/CORE.</i> | | | |
| PLEASE DESCRIBE ANY UNIQUE MARKINGS (UNIVERSITY OR OTHER) ON THE KEY CHAIN, KEY OR ACCESS CARD: | | | |
| DETAILS OF KEY/ACCESS CARD | | | |
| Building | Room No. | Key No. | Room Used For |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| SIGNATURE: | | DEPARTMENT HEAD: | |
| | | NAME: _____ <i>(Please Print)</i> | |
| | | SIGNATURE: _____ | |

| FM OFFICE USE ONLY | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REPLACEMENT / RE-CORING FEE: Received: Yes <input type="checkbox"/> Amount: _____ Date: _____ No <input type="checkbox"/> If not, reason: _____ _____ _____ | DISTRIBUTION: Facilities Management: <input type="checkbox"/> Security: <input type="checkbox"/> Financial Services: <input type="checkbox"/> |
| COMPLETED BY: _____ DATE: _____ | |