

LOST/STOLEN KEY REPORT FORM

Immediately notify your Supervisor, Lock Shop and Campus Security of lost/stolen keys so that areas can be secured.

PERSONAL & WORK INFORMATION: (PLEASE PRINT)						
Name:			First			
Department:		Phone #:		N	Mail Stop:	
KEY(S) INFORMATION:			For Lock Shop Use Only			
Building/Rm#	Room Description		Key Blind Code	Key Serial Number	Fine Per Key	Date Paid
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
			Total Fine	e Assessed	\$	
Did this occur:	On Campus Of	f Camp	us			
Please describe the	e events resulting in the loss of key(s)	on page	2.			
	Signature				Date	

INSTRUCTIONS:

responsibility of the authorized key holder.

1. Submit this completed Lost/Stolen Key Report Form, including the description on **page 2**, to the Lock Shop IB 1425 (or after hours to Campus Security CC 1252) within 2 working days. List all keys separately.

Key replacements are subject to fines according to the Business Office current Fees and Fines Schedule and are the

- 2. Lock Shop will determine fines according to the current schedule.
- 3. Keyholder satisfies fines at the Cashier's Office. Appeals can be made according to the ACCESS CONTROL PROCEDURE.
- 4. Replacement keys will be issued with a new completed Key Authorization & Request form, with the Cashier's receipt for satisfaction of the fines attached.

CONTINUED ON PAGE 2

Original: Lock Shop *Copy:* Department

Copy: Campus Security Office

Name:	Date:
LOST/STOLI	EN KEY REPORT FORM
Please describe the event resulting in the loss of this page.	f keys and attach to page one. A Word document can substitute for

Original: Lock Shop
Copy: Department
Copy: Campus Security Office