



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: _____
Last First M.I.

Department: _____ Phone #: _____ Mail Stop: _____

KEY(S) INFORMATION:

| KEY(S) INFORMATION: | | For Lock Shop Use Only | | | |
|---------------------|------------------|----------------------------|-------------------|--------------|-----------|
| | | Key Blind Code | Key Serial Number | Fine Per Key | Date Paid |
| Building/Rm # | Room Description | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | Total Fine Assessed | | \$ | |

Did this occur: On Campus Off Campus

Please describe the events resulting in the loss of key(s) on **page 2**.

Signature Date

Key replacements are subject to fines according to the Business Office current Fees and Fines Schedule and are the responsibility of the authorized key holder.

INSTRUCTIONS:

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.
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/STOLEN KEY REPORT FORM

Please describe the event resulting in the loss of keys and attach to page one. A Word document can substitute for this page.

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