**LOST/STOLEN KEY REPORT FORM**

Immediately notify your Supervisor, Lock Shop and University Police of lost/stolen keys so that areas can be secured

PERSONAL & WORK INFORMATION: (PLEASE PRINT)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Last First M.I.

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEY(S) INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **For Lock Shop Use Only** | | |
| **Building** | **Room # and/or description** | **Key Blind Code** | **Key Serial Number** | **Fine Per Key** | **Date Paid** |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  | Total Fine Assessed | | $ |  |

Did this occur: On Campus Off Campus

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Keys are the responsibility of the authorized keyholder. Key replacements are subject to fines in accordance to the Space Access Police.

INSTRUCTIONS:

1. Submit this completed Lost/Stolen Key Report Form, including the description on page 2, to the Lock Shop (Kneller Garage Trades Shop or via email [facilities@clarku.edu](mailto:facilities@clarku.edu)) or University Police (Bullock Hall or via email [universitypolice@clarku.edu](mailto:universitypolice@clarku.edu)) within two business 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.
4. Replacement keys will be issued with a new completed online work order request (<https://fmworkorder.clarku.edu/>), with the Cashier’s receipt for satisfaction of the fine(s) attached.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOST/STOLEN KEY REPORT FORM**

Please describe the event resulting in the loss of key(s) and attach to page one. A Word or other print document can substitute for this page.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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