Facilities Management Department
Key Control Form

Key # ____________  Seq ____________  Date Issued ____________

Room # ____________  Door # ____________  Issue By ____________

Dept/Location ____________________________  Building ____________

ACCESS & KEY CONTROL POLICY AGREEMENT

I am responsible for the key issued to me and I agree not to exchange or loan keys issued to me. It is illegal to duplicate this key, punishable by criminal prosecution. It is my responsibility to return keys to the Facilities Management Department or my supervisor prior to the termination of my employment. If key is lost, stolen, or I fail to return it upon leaving the County, I may be charged a non-refundable fee of to replace the key.

Signature ____________________________________________________________________________ Date ____________

Print Name __________________________________________________________________________

Title ________________________________________________________________________________

Department __________________________________________________________________________