



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 _____

Key Returned
Key Reported Lost/St
FMD Signature