

KEY LOSS REPORT FORM

CSU, CHICO

The purpose of this form is to record potential compromise to specific locks and to determine if lock replacement is necessary for adequate security. **As soon as loss of keys is discovered, Sections 1 through 5 must be completed.** Take the completed form to the Cashiering window in Kendall Hall for payment of \$25 per lost key and obtain PAID stamp in Section 5. File stamped form with Facilities Management & Services for appropriate entries into Key Control system. The University will grant a refund if the lost key(s) can be found within two weeks (Section 6).

Section 1 – Keyholder Data

Please check one: Faculty Staff Student Other

Please print: Name: _____

Department: _____

Signature _____ Date _____

Section 2 – Circumstances Surrounding Key Loss

Give date and place of loss, as best known, plus any other details that affect possible compromise of security. Attach an additional sheet if needed.

Section 3 – Lost Key(s)

Building	Room/Area	Desk/Cabinet	Decal Number

Section 4 - Dean/Department Chair

Lock Change Required? Yes No If yes, notify Key Shop

Issue Replacements? Yes No If yes, complete Key Authorization Card(s) and go to cashiering.

Dean/Department Chair Signature _____ Date _____

Section 5 - Cashiering

Date _____ Receipt _____ Amount _____

After receipt, mail completed Key Loss Report Form and Key Authorization Card(s) to FMS, zip 925.

Section 6 - Key Found (Please return found key(s) to FMS)

Locksmith Signature _____ Date _____

Cashiering: Process refund? Yes No (Refer to Section 1 for Name/Dept)

FMS Use Only: Lost key(s) information entered into Key Control system - Date _____
 Replacement key(s) issued? No Yes If Yes, Date _____