

LOST/STOLEN KEY REPLACEMENT FORM DATE REQUESTED: ____/____/____

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1. Report lost/stolen key to the Public Safety Security Booth and obtain an Incident Report #.
 2. Form must be signed by Dean/Chair/Director and returned the AU Locksmith.
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KEY ISSUE INFORMATION

MASTER KEY? (OPENS MULTIPLE ROOMS) **Y / N** (CIRCLE ONE)

KEYHOLDER NAME: _____ (PHONE # _____)

DEPARTMENT: _____

BUILDING: _____

CODE ON KEY(S): _____
(IF AVAILABLE)

ROOM(S): _____

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AUTHORIZATION

AUTHORIZER'S PRINTED NAME: _____ (PHONE # _____)
(MUST BE DEAN / CHAIR / DIRECTOR)

AUTHORIZER'S SIGNATURE: _____

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AU PUBLIC SAFETY INCIDENT REPORT # _____