

LOST/STOLEN KEY REPORT FORM

PLEASE REFER TO FACILITIES MANAGEMENT WEBSITE FOR INFORMATION REGARDING KEY POLICIES

Department: _____
Name: _____
Signature: _____
Department Contact Name: _____
Extension No.: _____

Faculty ☐ Staff ☐ Student ☐ Department Key Cabinet ☐

Date keys were lost or stolen:	
Date reported missing:	
Where were the keys lost:	



List Keys Lost or Stolen		
Key # & Issue # (if known)	Room # (if known)	Replacement Key Required
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Lock change required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
(Administration – please complete a Lock Change Required Form)		
Departmental Authorization:		
Date:		
Account Number:		

Send completed form to Facilities Management

E-mail: Keys.And.Swipe@BrockU.ca