

SECTION A - KEY HOLDER DETAILS

Full Name:	
Staff / Student:	
ID Number:	
School/Department:	
Position:	
Email address:	
Campus:	
Building:	
Office Number:	

SECTION B - LOST / DAMAGED KEY DETAILS

Office/Room#	1.	2.	3.	4.	Key#	1.	2.	3.	4.
Building:									
Campus:									
Additional Details:									
Date Lost/Damaged:									
Replacement Key Required?	<small>Please complete Key Authorisation Form if new key is required.</small>								
Affected lock cylinder/s to be changed:									
Authorised Maintenance Request Number:									

SECTION C - ACKNOWLEDGEMENT (Department Manager/Supervisor notified of lost key)

Authoriser's Full Name:	
Position:	
Department:	
Authoriser's Signature:	

SECTION D - LOST/DAMAGED KEY CONFIRMATION (to be signed by key holder)

I confirm that the information given on this form is truthful, accurate and complete and that the relevant people have been notified.

Date:	
Key Holders Name:	
Key Holders Signature:	