## **Key Request Form**

**Instructions:** To order a key, fill out this form, get signature authorization from your division leader, and bring the completed form to the Key Control Officer. Allow five (5) working days for key to be issued.

By signing this form, the recipient agrees to notify the Key Control Officer if the requested/issued key is lost or stolen. The recipient also agrees to reimburse Hope Aglow Empowerment Center \$25.00 for each key that is not returned. This is to defray the cost of each lock cylinder that must be re-cored.

Part 1 ~ Key Request		(Please Type or Print)		
Date:		Requester Name:		
		ID# if contractor:		
Status (Check One	e):			
□ Minister		□ Employee	□ Divis	sion Leader
□ Board of Directors		□ Department Leaders	□ Volu	nteer Staff
□ External Contractor From		Expected Date of Key return		
Requester Signatu	re:			
Part 2 ~ Key Req	uest Approval			
Requesting Department:		Dept. Email		
		Signature		
		Signature		
Part 3 ~ Key Con	ntrol	Ha	nd Receipt	#
Key Control Offic	er:			
		Date:		
Aglow Empowern the key(s) is (are) Control officer by	nent Center (HAE not to be duplicate the expected date	C). I accept responsibility ed nor transferred to any other.	for its (The her individu ion or trans	o me today are the property of Hope ir) use and security. I understand that al. I will return the key(s) to the Key fer within. I understand that failure n Date:
Room #	Key #	Ro	om#	Key #
Room #	Key #	Ro	om#	Key #
Room #	Key #	Ro	om#	Key #
Date of Issuance:		Recipient Sig	nature:	