**Facilities Management**

**Bent/Broken Key Form**

**Key Holder Name**: Click here to enter text. **Date**: 3/13/2019

**Key Holder PID**: Click here to enter text. **Phone:** Click here to enter text.

**Dept.**: Click here to enter text. **Supervisor**: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Building** | **Room** | **Key Make & Number** | **Signature of Recipient** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

The undersigned, by accepting the above listed key(s) hereby agrees to take diligent care and promptly report any loss thereof. I further agree to not give possession of said key(s) to any other person or allow any copies to be made. I must return all keys or receipts indicating payment for missing keys upon separation of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*Signature* *Date*