**Key Return Form**

**Please return all keys to Facilities Management. Thank you.**

**Date**: 2/8/2019

**Key Holder Name**: Click here to enter text.

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

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

AGM 10

|  |  |  |
| --- | --- | --- |
| **Key Make** | **Key Number** | **Returned to Facilities** |
| *Schlage* | AGM.10 | *Signed by Facilities* |
| 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. | 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. |

All Keys have been returned to Facilities Management.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_