Lost Master Key Form

☐ REKEY BUILDING
Department is Charged

☐ DO NOT REKEY BUILDING
Reissue Lost Key

BUILDING OWNER						
Name		Title				
Phone		Email				
Bldg.		FOAPAL # COMPLETE TO REKEY	Fund	Org	Account	Program
					714700	

LOST MASTER OR GRAND MASTER KEY					
Key #		Serial #		Keyway	

AUTHORIZED BY	Department Head , Dean , Vice President				
		Print Name		Date	

FACILITIES MANAGEMENT			
	Print Name		
Signature		Date	

I understand that the Master Key or Grand Master Key listed has been lost and leaves the building under my administration at risk. If I choose to rekey the building, my department will be responsible for all associated costs. If I choose to not have the building rekeyed, I recognize the risk and take responsibility for any future security issues that may arise if the key is found and used by an unauthorized person.