

Key Use Authorization / Agreement Form

731 Exhibit

The top form is to be completed by the person issuing the key

School / Dept: _____ Authorized by: _____

I authorize the listed person to be issued the following key(s) for access to the School District of Phillips facilities:

Name of Key Holder: _____ Job Title: _____

<u>Key Number</u> <u>Returned*</u>	<u>Building / Room</u>	<u>Date Issued*</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Instructions:

***Key holder shall initial date of issuance and return for each key.**

Key Acceptance and use Agreement....To be Completed by Person Receiving Key(s)

For and in consideration of the use of the above listed keys to the School District's premises, the undersigned hereby acknowledges receipt of such keys, and agrees to use such keys only in accordance with established School district policies and any other special instructions given at the time the key(s) are issued. In the event any School District key in Key Holder's possession is lost or stolen, Key Holder agrees to report such loss or theft immediately to his/her supervisor. Key Holder further agrees to never replicate an issued key.

The undersigned Key Holder agrees that the above keys remain the sole and exclusive property of the School District of Phillips while in the undersigned's possession and agrees to return all keys to his/her supervisor upon termination of School district duties or upon one business day's request by the School District. In the event the undersigned fails to return any of the keys upon termination of School District duties or within one business day of request by the School District, the undersigned agrees that a key replacement fee of up to \$50.00 may be charged by the School district for each key not returned. In addition, the undersigned agrees to reimburse the School district the actual cost of re-keying the lock(s) and agrees that the School District may withhold such re-keying costs from any key deposits due the undersigned.

The undersigned understands that his/her name will be listed as the person responsible for the above numbered keys in the School District's record.

Signature of person receiving key(s)

Date

Print Name