

Please Submit the Completed Form to the Following:

CHS Security Ph. 918-625-8592 Email: chs.security@okstate.edu
Physical Plant Ph. 918-561-8227 Email: chs.facilities@okstate.edu

LOST/STOLEN KEY REPORT FORM

Immediately notify your Supervisor, Facilities and Campus Security of lost/stolen keys so that areas can be secured.

PERSONAL & WORK INFORMATION: (PLEASE PRINT)

Name: _____
Last First M.I.

Department: _____ Phone #: _____ Okstate Email: _____

Department Manager Name: _____ Phone #: _____

Department Managers Signature _____ Department Fund #: _____

KEY(S) INFORMATION:

		For Lock Shop Use Only			
Building/Rm #	Room Description	Key Blind Code	Key Serial Number	Fine Per Key	Date Paid
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
		Total Fine Assessed		\$	

Did this occur: On Campus Off Campus

Please describe the events resulting in the loss of key(s) on **page 2**.

Signature Date

Key replacements are subject to fines according to the Business Office current Fees and Fines Schedule and are the responsibility of the authorized key holder and the key holders department.

INSTRUCTIONS:

1. Submit this completed Lost/Stolen Key Report Form, including the description on **page 2**, to the Lock Shop (or after hours to Campus Security) within 2 working days. List all keys separately.
2. Physical Plant/Lock Shop will determine fines according to the current schedule.
3. Replacement key fees will be charged to the department the keyholder works in.
4. Replacement keys will require a new completed Key Authorization & Request form submitted to the Lock Smith/Security. Keyholders and Department Managers will be notified when requests have been approved.

CONTINUED ON PAGE 2

Original: Lock Shop
Copy: Department
Copy: Campus Security Office

Name: _____

Date: _____

LOST/STOLEN KEY REPORT FORM

Please describe the event resulting in the loss of keys and attach to page one. A Word document can substitute for this page.

Original: Lock Shop
Copy: Department
Copy: Campus Security Office