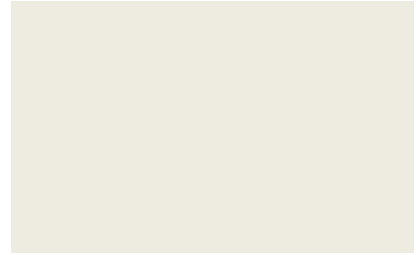




Lost Key Form



Name of Person Reporting Loss / Completing Form: _____

Date: _____ Department: _____ College: _____

Building(s) To Which Key(s) Lost: (Separate multiple entries with commas)

Key Control Number(s) if known:

Building	Room/ Door	Core Mark	Ser #

Date of Key(s) Loss: _____

Explanation of how loss occurred: _____

Date loss was reported to WKUPD (745-2548): _____ SR#: _____

Date loss was reported to WKU Access Control (745-5050): _____

Department / College Index #: _____

Person who had possession of key(s) if not the person reporting loss:

Name: _____ (Please Print)

Phone number: _____ WKU 800#: _____

Department Head Signature

Date