

REPORT OF LOST KEYS

Date: _____

Name: _____
(Please print clearly)

Key Holder's E-mail: _____
(You will be notified by e-mail when your key(s) are ready for pickup so please print clearly)

Baylor ID Number: _____

Date Key(s) Lost: _____

Building: _____

Location: _____

Department: _____ **Room Number:** _____

Phone Number: _____

Key Number: _____

Action Taken: _____

Recommendation: _____

Justification: _____

Reissue Lost Key(s)? _____ **YES** _____ **NO**

Signature: _____
Department Head **Date**

Locksmith/Baylor Facility Services **Date**

Director of Facilities Management/Baylor University **Date**