



# Key Disposition Report

(Please Type or Print)

<b>Name of Authorized Representative :</b>	<b>Date:</b>
<b>Authorized Representative's Title:</b>	<b>Name of Department / Telephone #:</b>
<b>Key Holder's Name:</b>	<b>Key Holder's Title:</b>
<b>Key Holder's Telephone #:</b>	<b>Key Holder's Badge #:</b>

Please check one:

<input type="radio"/> <b>Returned Key</b>	<input type="radio"/> <b>Damaged Key</b>	<input type="radio"/> <b>Lost/Stolen Key</b>
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Please provide requested information below. Key request is subject to final approval by SAO Manager.

Key Type/Model	Number of Keys	Description of Key Access

Explain in details for *Returned Key*, *Damaged Key*, or *Lost/Stolen Key*. Please enclosed any Returned or Damaged Keys. If Police Report was filed for Lost/Stolen Key(s), please attach a copy.


**Authorized Representative's Signature:** \_\_\_\_\_

**Key Holder's Signature:** \_\_\_\_\_

**For Security Access Office Use Only**

Date Received:	SAO Manager's Approval:	Security Key Coordinator:
Key Category:	Category I Security Keys <input type="checkbox"/>	Category II Non-Security Keys <input type="checkbox"/>
<input type="checkbox"/> Replace Key	<input type="checkbox"/> Return Key to Inventory	<input type="checkbox"/> File Police Report
<input type="checkbox"/> Investigate Circumstances of Lost/Stolen Key		