

**UTAH COUNTY
LOST KEY/ENTRY CARD REPORT**

Report # _____

THIS SECTION MUST BE COMPLETED BY EMPLOYEE

Name _____ Title _____

Department _____ Office Telephone # _____

Home Address _____

_____ Home Telephone # _____

Key/Card Number(s) _____

Describe how and where key/card was lost: _____

Employee Signature

Date

THIS SECTION MUST BE COMPLETED BY EMPLOYEE'S DEPARTMENT HEAD

For lost KEYS only: In your opinion, is the loss of this key a security concern that might require re-keying any locks? **G** yes **G** no

If yes, please describe: _____

I Authorize this employee to receive a replacement key/card upon Public Works' approval.

Department Head Signature

Date

THIS SECTION MUST BE COMPLETED BY PUBLIC WORKS

Replacement fee of \$20.00 per key/card received **G** yes **G** no Date _____

Replacement / re-keying instructions _____

Signature

Date