

The College at Brockport Facilities and Planning

Lost Key Form

Please fill out and have University Police and your Department Chair/Director sign and date.
Mail or fax (x2502) completed form to Facilities and Planning, Attn: Locksmith

Name of person reporting loss: _____

Date: _____ Department: _____

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

Key Number(s) if known:

Building	Room/Door	Key Number

Date of Key(S) Loss: _____

Explanation of how loss occurred: _____

University Police Signature: _____ Date: _____

Department Head/Director Signature: _____ Date: _____

If new key(s) are needed, please submit a new key request also.
