

LOST/DAMAGE KEY FORM



EMPLOYEE INFORMATION

FULL NAME :

OFFICE NUMBER :

DEPARTMENT :

POSITION :

PHONE NO : E-Mail :

REASON OF LOST OR DAMAGE

LOST ☐ DAMAGE ☐ STOLEN ☐ OTHER ☐

Reason

IF STOLEN, PLEASE PROVIDE POLICE REPORT #

FEE

REGULAR KEYS

- LOST KEY - \$35
- DAMGE KEY - \$35
- STOLEN KEY - \$35

MASTER KEYS

- LOST KEY - \$50
- DAMGE KEY - \$50
- STOLEN KEY - \$50

PAYMENT

☐ CASH ☐ CHECK ☐ IDT

FOR IDT, PROVIDE YOUR DEPARMENT CHARTSTRING

DEPARTMENT NAME

Email this form to KeyRequest@untdallas.edu or Bring form to Room FH140 (972)-338-1239

DEPARTMENT HEAD OR DIRECTOR

Signature :

Date :

EMPLOYEE SIGNATURE

Signature :

Date :