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How to: Fill out the Lost Key Form

- The Building Coordinator must fill in the highlighted top portion of the form for processing. This information is required so we can cross-reference the validity of the individual. Refer to Section 5 for more information.

LOST

LOST OR STOLEN KEY FORM
 North Carolina Department of Administration
 Division of Facility Management-Security Systems
 984-236-0460

KEY

1. AGENCY INFORMATION

BUILDING COORDINATOR:		REQUEST DATE	
DEPARTMENT - DIVISION:		BUILDING NAME	
MSC# and Zip Only:		TELEPHONE #	
REQUESTOR		BUILDING NAME	
AGENCY		ADDRESS	

2. EMPLOYEES WILL BE INFORMED TO FOLLOW AND ACCEPT THE GUIDELINES BELOW BEFORE KEYS CAN BE DISTRIBUTED

a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities

b) The Building Coordinator is the ONLY individual authorized to submit form to Security Systems for lost keys

c) The Requestor will bear the cost of re-keying and/or re-coring of lock in the event the agency will not accept these costs

d) If applicable, submit police report information i.e. time, date, precinct, etc.

e) The Building Coordinator shall process the electronic form by utilizing the AIM/ReaLY Web Portal

f) "Save As" a pdf document and attach the form in the AiM/ReaDY Portal before submitting request

g) All improperly filled out forms will be rejected. A new ReaDY Request must then be submitted correctly

3. LOST KEY(S) INFORMATION TO BE ENTERED BELOW:

KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY

WHEN WAS/WERE THE KEY(S) LOST? _____

WAS THE LOSS REPORTED? _____

POLICE REPORT # _____

ADDITIONAL INFORMATION: _____

A NEW KEY & CORE REQUEST FORM MUST BE FILLED OUT BEFORE A REPLACEMENT KEY CAN BE PROVIDED TO THE EMPLOYEE

I hereby understand and agree to abide by these terms and conditions

Signature:  Date: _____

PRINT NAME: _____

SECURITY SYSTEMS USE ONLY

Rev. 1 - 03/04/2021

WORK ORDER NUMBER: _____

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How to: Fill out the Lost Key Form

- General rules and guidelines for Agency Employees. These guidelines must be followed, or key privileges can be removed. *Refer to Section 5 for more information.*

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BUILDING COORDINATOR:		REQUEST DATE:	
DEPARTMENT – DIVISION:		BUILDING NAME:	
MSC# and Zip Only:		TELEPHONE #:	
REQUESTOR:		BUILDING NAME:	
AGENCY:		ADDRESS:	

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POLICE REPORT #				
ADDITIONAL INFORMATION:				

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Signature: Date:

PRINT NAME:

*****SECURITY SYSTEMS USE ONLY*****

WORK ORDER NUMBER:

Rev. 1 - 03/04/2021

3

How to: Fill out the Lost Key Form

- Fill all applicable form blocks for key request. If not done correctly, request may be rejected, and a new ReaDY request will need to be submitted. *Refer to Section 5 for more information.*

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1. AGENCY INFORMATION

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DEPARTMENT - DIVISION:	BUILDING NAME	
MSC# and Zip Only	TELEPHONE #	

REQUESTOR	BUILDING NAME	
AGENCY	ADDRESS	

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WHEN WAS/WERE THE KEY(S) LOST? _____

WAS THE LOSS REPORTED? _____

POLICE REPORT # _____

ADDITIONAL INFORMATION: _____

A NEW KEY & CORE REQUEST FORM MUST BE FILLED OUT BEFORE A REPLACEMENT KEY CAN BE PROVIDED TO THE EMPLOYEE

I hereby understand and agree to abide by these terms and conditions

Signature: _____ Date: _____

PRINT NAME: _____

SECURITY SYSTEMS USE ONLY

Rev. 1 - 03/04/2021

WORK ORDER NUMBER: _____

How to: Fill out the Lost Key Form

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- The Key holder will print, sign and date when they pick-up key(s).

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KEY

1. AGENCY INFORMATION

BUILDING COORDINATOR:		REQUEST DATE	
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MSC# and Zip Only:		TELEPHONE #	

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d) If applicable, submit police report information i.e. time, date, precinct, etc.

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WAS THE LOSS REPORTED?	
POLICE REPORT #	
ADDITIONAL INFORMATION:	

A NEW KEY & CORE REQUEST FORM MUST BE FILLED OUT BEFORE A REPLACEMENT KEY CAN BE PROVIDED TO THE EMPLOYEE

I hereby understand and agree to abide by these terms and conditions

Signature: Date:

PKINI NAME:

SECURITY SYSTEMS USE ONLY

WORK ORDER NUMBER:

How to: Fill out the Lost Key Form

Instructions:

- **Make sure to select one proper box for items needed for each line. Add appropriate identifiers i.e., key code, room #, name of keyholder and Last 4 of ID provided for that line. Use multiple lines if needed.**
- Once the form has been filled out up to the “additional information” line you will “Save As” the requestors name and the current date.
 - ❖ Last Name, First Name and current date format
 - Example: **Peters, James 04012021**
- When you are in the ReaDY application and prompted to submit your form, attach this form to the portal for processing.
- The Security Systems office will validate the information and notify the Building Coordinator when the key data has been updated in Keystone. They then can apply for a replacement key through the ReaDY App.
- In the event of loss or mishandling of the key(s) the keyholder will incur the replacement costs and/or potential inquiry about the handling procedures used when controlling key(s).
- Signature occurs when replacement key(s) are picked up by the keyholder/requestor.
 - If this is a replacement situation the Keyholder will have (2) forms to sign when they arrive for replacement keys.
 - ❖ Key/Core Request Form
 - ❖ Lost Key Form

NOTE:

- ✚ Multiple entries can be made on one form if the keys are being given to the same employee only. Do not fill out the form for multiple employees as there is no way to track these keys without a signature from the responsible employee receiving the key.
- ✚ Multiple forms can be submitted on (1) workorder provided each form is for (1) individual. So, if there are 4 employees requiring keys attach 4 separate individual forms in ReaDY for that order.
- ✚ All replacement keys require that a Lost Key Form be submitted before a new key can be cut for the keyholder. If the keyholder is on file having a key and a request comes through for another it will be rejected until the Lost Key form is submitted.

How to: Fill out the Lost Key Form

Any questions or inquiries can be forwarded to:

Security Systems Office
120 West Lane Street
Raleigh, NC 27603
984-236-0460
security.systems@doa.nc.gov