

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



1. AGENCY INFORMA	TION			Rev.1 - 08/01/2021
BUILDING COORDINATOR:		REQUEST DATE		
DEPARTMENT – DIVISION:		BUILDING NAM		
MSC# and Zip Only:		TELEPHONE #		
REQUESTOR		BUILDING NAM	IE	1
AGENCY		ADDRESS		
2. EMPLOYEES WILL B	BE INFORMED TO FOLLO	OW AND ACCEPT THE GUIDELINES B	ELOW BEFORE KE	YS CAN BE DISTRIBUTED
b) The Building Coo c) The Requestor w d) If applicable, sub e) The Building Coo f) "Save As" a pdf d g) All improperly fill	ordinator is the ONLY ind will bear the cost of re-ke mit police report inforn ordinator shall process the document and attach the	rized agency to duplicate keys for Statividual authorized to submit form to eying and/or re-coring of lock in the mation i.e. time, date, precinct, etc. the electronic form by utilizing the Ale form in the AiM/ReaDY Portal befigected. A new ReaDY Request must	o Security Systemers event the agency IM\ReADY Web Poore submitting re	s for lost keys will not accept these costs Portal equest
KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	
-				
_	-			
WHEN WAS/WERE TH	HE KEY(S) LOST?			
WAS THE LOSS REPO	RTED?			
POLICE REPORT #				
ADDITIONAL INFORMA	TION:			
A NEW KEY & CORE RE		E FILLED OUT BEFORE A REPLACEME and and agree to abide by these to		
Signature:			Date:	
PRINT NAME:				

SECURITY SYSTEMS USE ONLY