

Keybox Lost/Stolen Key Report Form



INSTRUCTIONS

FOR REPLACEMENT OF KEYS

Complete **Parts I, II, and III** and submit form to keys@pdx.edu.
 Include CPSO/police report with this form, if theft occurred.

FOR REPORTING LOSS WITH NO REPLACEMENT OF KEYS

Complete **Parts I and II** and submit form to keys@pdx.edu.

PART I

Keybox Manager Information:			
Last Name	First Name		Middle Initial
Odin	PSU ID #		
E-mail	Work Phone	Home Phone	
Keybox Information:			
Keybox Department / Organization		Keybox Location (Bldg & Room)	
Key(s) Information:			
Building	Room	Key ID	Key #

Did this occur: **On Campus** **Off Campus**
 (Please describe the events resulting in the loss of key(s) on page 2)

 Keybox Manager Signature

 Date

PART II Keybox Lost/Stolen Key Report Form

Please describe the event resulting in the loss of keys and attach this to page one.

Include CPSO/police report with this form, if theft occurred.

Request Number (FPM Use Only) _____

KEYBOX AUTHORIZATION & REQUEST

Dept./Org.: _____ Area/Sect./Grp. (if needed): _____

Keybox Location (Bldg & Specific Room): _____

Dept Mail Code(s): _____

Keybox Contact Email: _____ Phone: _____

Access Level	Required Authorization Signature(s)
Level 1 - Room/Office/Suite key	Department Chair/Department Head
Level 2 - Department Master key	Level 1 AND Dean/Director
Levels 3 & 4 - FPM-specific keys	Level 2 AND FPM Director*

*Additional approval and signatures may be required, as determined by FPM Director

Building & Room	Additional key/location details (if necessary)	Key ID# (if known)	Access Level			
			1.	2.	3.	4.
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPROVALS:

Signature _____	Print _____	Dept Chair/Dept Head
Signature _____	Print _____	Dean/Director
Signature _____	Print _____	FPM Director
Signature _____	Print _____	

Keybox Contact will be notified via email when keys are ready for collection

Authorization & Release Form 10.2022

Form Guidelines:

- Key Authorizations require an FPM-approved Keybox Location.

Please provide all information regarding the Keybox - department or organization, group or section when multiple keyboxes exist, location, and keybox contact info.
- Recipients must be designated by the organization in order to pickup keys for the Keybox.
- A valid photo ID must be presented to Facilities & Property Management (FPM) staff for keys to be released to the recipient.
- Provide all known pertinent information regarding the access needed to aid FPM in determining the correct keys to issue - building & room numbers, key IDs, additional key/location details, etc.
- Authorization Signatures required depend on Access Level requested.
- Authorization Forms should be submitted to keys@pdx.edu.

TERMS & CONDITIONS RELEASE AGREEMENT

The individual signing this document as 'Recipient' agrees to the following:

- I have received the listed key(s) and I agree to store the key(s) in the designated Keybox.
- If/When the listed key(s) are no longer needed in the organization's Keybox, I acknowledge that the key(s) should be returned to FPM located in University Services Building, room 202, or to the Campus Public Safety Office, if after hours.
- In the event that the listed key(s) are lost, stolen, or otherwise misplaced, I acknowledge that the organization should immediately notify FPM (503) 725-3738 and Campus Public Safety (503) 725-4407. A Lost/Stolen key report must be submitted.

Recipient Initials _____

Date Stamp
(FPM Front Desk use only)