

Lost or Stolen Key Report Form

Submit this completed form when your key(s) are lost, stolen, or otherwise misplaced.

Deliver this completed form to: Facilities and Property Management (FPM), 617 SW Montgomery Street, University Services Bldg, Rm 202.

| PLEASE PRINT | | | | | | | | |
|---|--|-----------------------|-------------------------------|---------------------|------------|--------------------|----------------|--|
| Personal Informatio | n : | | | | | | | |
| Last Name | | | First Name | | | | Middle Initial | |
| Odin | | | PSU ID # | | | | | |
| E-mail | | | Work Phone Home Phone | | | | | |
| Work Information: | | | | | | | | |
| Department/ Office N | | Mail Code Dept. Phone | | | | | | |
| Key(s) Information: | | | | | | For FPM U | Use Only | |
| Building | Room | Key ID | | Key # | - | Accessed er Key | Date Paid | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | \$ | | | |
| | | | | | | | | |
| Did this occur: [(Please describe the ev | On Campus Sents resulting in the lost | | Off Camp on page 2) | | tal Fee As | sessed by LS: \$ | 8 | |
| | | | | | | | | |
| Key Holder Signature | | | | Date | | | | |
| responsibility of <u>https://www.pdx</u> | s are subject to a fee the authorized key ho edu/financial-service | older. For the | he current s | schedule, see Appro | ved Fines | & Fees Report . | 007d(01): | |
| 1. Submit this co determined. T | replacement keys: ompleted form <u>and</u> a r 'his process should tal olen Key Report Forr | ke 1-3 busir | | n & Request Form to | o FPM so | the appropriate | e fee can be | |

- Key Authorization & Request Form.
- 2. After step one has been completed & the fine has been determined by FPM, the customer must pay the fee at the Cashier's Office located in Neuberger Hall Lobby & provide FPM with proof of payment before keys can be replaced.
 - Bring a cashier's receipt for the appropriate fee(s).
- 3. Return all three forms listed in steps one & two that are required in order to process the replacement key request.

<u>PSU Cashier Use Only</u>: NOTE: Cashiers, please enter person's full name into description box. Index Code: <u>FAP601</u> / Account Code: <u>08001</u> / Activity Code: <u>BKey</u>

Lost or Stolen Key/Card Report Form (Continued.)

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

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