

KEY REQUEST FORM

PLEASE EMAIL TO: khall@innisfil.ca

TENANT NAME: _____

REQUEST AUTHORIZED BY: _____ PHONE: _____

KEY #: _____ KEY/LOCK LOCATION: _____

NUMBER OF KEYS REQUESTED: _____ COPY #(s): _____

KEY ISSUE AGREEMENT: In return for the loan of this key(s), I agree: **1)** not to give or loan the key to others; **2)** not to make any attempts to copy, alter, duplicate, or reproduce the key; **3)** to use the key for authorized purposes only; **4)** to immediately report any lost or stolen keys; **5)** return the key upon request or on the termination of my lease.

TENANT'S SIGNATURE: _____

PRINT NAME: _____ DATE: _____

REASON FOR REQUEST: _____

BUILDING MANAGEMENT (ISSUER) SIGNATURE: _____

PRINT NAME: _____ DATE: _____

TITLE: _____ PHONE: _____

Entered Into Key Log: Yes No

KEY RETURN:

RETURN DATE: _____ RETURNED BY: _____

RETURN REASON: _____

AUTHORIZED SIGNATURE: _____

RECEIVED BY: _____ SIGNATURE: _____

Entered Into Key Log: Yes No