



Date Submitted: _____

APPROVED: _____ DISAPPROVED: _____ PHOTO: _____ DATE: _____

PLEASE PRINT or TYPE FORM

FULL NAME: _____

EMPLOYEE ID#: _____

ACCEPTANCE OF THESE KEYS/CODES/ACCESS CARDS CARRIES THESE OBLIGATIONS:

1. RESPONSIBILITY FOR EACH KEY/CODE/ACCESS CARD AND AREA IT CONTROLS.
2. RESPONSIBILITY NOT TO LOAN OR TRANSFER KEYS/CODES/ACCESS CARDS TO OTHERS!
3. UNDERSTANDING THAT ALL KEYS/ACCESS CARDS MUST BE ISSUED OR REISSUED THROUGH PUBLIC SAFETY – ONLY.
4. SURRENDER ALL KEYS/ACCESS CARDS WHEN REQUESTED BY THE DEPARTMENT OF PUBLIC SAFETY

JUSTIFICATION: _____

Job Title: _____ Division / Department: _____ CODE#: _____

Full Time: _____ Part Time: _____ Office No.: _____ Phone Ext.: _____

Your Signature: _____ DIVISION APPROVAL: _____
(Signature)

LIST KEYS REQUESTED by USE and by NUMBER of key, building, room, storage area, desk, file and / or storage cabinet.

ROOM / LOCATION / ITEM	NUMBER	SERIAL#	ROOM / LOCATION / ITEM	NUMBER	SERIAL#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE Keys will not be provided until Photo ID has been provided, signatures obtained, and this form completed.**

Authorized Public Safety personnel: Keys issued by: _____ Date: _____

A replacement cost fee may be charged for all keys lost or not returned to the Public Safety Department.

Received by: _____
PHOTO ID REQUIRED

Date: _____

Key Control Manager Notes:

Date Received: _____ Date Completed: _____

Completed By: _____

Send Completed Requests To: Catonsville W-228, Dundalk P-101, Essex A-110