

University of Washington
Facilities Services
Physical Plant Department
Lost Key Report

Employee Name: _____ Employee ID# _____

Key/Keys Lost: _____

Location of Loss: _____

Circumstances of Loss: _____

University Police Notified? Yes _____ No _____

Signatures: _____
Employee _____ Date _____

_____ Date _____
Zone Manager

Keys Reissued to Employee? Yes _____ No _____

Zone Manager Signature: _____

Return to: Tool Room Attendant
Zone Sr. Secretary for 201 file