



Missing Key Report

Contact Information

Contact Person _____ Ext _____ Date _____

Key Holder _____ Ext _____ Biola ID _____

Department _____ Organization Number _____

Are you requesting another key? Yes No

Dean or Senior Director _____
Print or Type Name *Signature* *Date*

Key Information

Key Number	Doors Operated By Key	Office Use Only

Loss or Theft Information

Date of Loss or Theft _____ Location of Loss or Theft On-Campus Off-Campus Uncertain

Circumstances of Loss or Theft _____

Were there any identifying marks on the key or key ring indicating that the key was from Biola? Yes No

If yes, please describe the markings (Biola keychain, etc.) _____

Campus Safety Recommendation

Re-Key Affected Door(s) Replace Old Key Record Missing Status Only

Chief of Campus Safety _____ Date _____

Comments _____

Facilities Services Recommendation

Re-Key Affected Door(s) Replace Old Key Record Missing Status Only

Senior Director of Facilities Services _____ Date _____

Comments _____

Office Use Only

Work Order Order Date Date Completed Amount Billed