

CITY OF MANITOWOC  
**KEY REQUEST FORM – EMPLOYEES**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Facility/Item \_\_\_\_\_

Expected duration or return date:    End of employment    Other \_\_\_\_\_

**Agreement:** In return for the loan of this key, I agree to:

- 1) not give or loan the key to others;
- 2) not make any attempts to copy, alter, duplicate, or reproduce the key;
- 3) use the key for authorized purposes only;
- 4) safeguard and store the key securely;
- 5) immediately report any lost or stolen keys; and
- 6) produce or surrender the key upon request.

**Key return:**

Keys must be returned on the last day of employment or upon the agreed upon date. Keys should be returned to the issuing department or deposited in the night drop box on the southwest side of the City Hall building at 900 Quay St.

**Lost keys:**

I also agree that, if the key is lost or not surrendered when requested, disciplinary actions and fees (if applicable) will occur in accordance with the City's Key Control Policy.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Shaded area to be completed by key issuer(s):***

Issue Type: <input type="checkbox"/> Initial	
<input type="checkbox"/> Temporary	
<input type="checkbox"/> Reissue - Reason _____	
Issuer's Signature _____	Date Issued _____
Key# _____ Type _____	Key# _____ Type _____
Key# _____ Type _____	Key# _____ Type _____
Key# _____ Type _____	Key# _____ Type _____
Key# _____ Type _____	Key# _____ Type _____

Return Date _____	Key Received By _____
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