## CITY OF MANITOWOC

## **KEY REQUEST FORM – EXTERNAL CUSTOMERS**

Name				
Rental contract holder's name (if different)			E-mail	
Address or agency/group			Phone	
Facility/item				
Purpose 🗆 Facilit	y rental (private party, special ev	ent, etc.)		
🗆 Repair	rs to facility			
Expected duration of	or return date			
Agreement: In retu	Irn for the loan of this key, I agree	e 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:				
	ted in the night drop box on the	southwest side of the City	/ Hall building at 900 Quay St. Keys must	
	second business day following t	-		
arrangements have		ne rental of end of any n		
Lost keys:				
<b><u>Renters</u></b> : Keys not returned within five business days of a rental will result in forfeiture of the facility security deposit.				
Charges could be higher based on actual costs.				
Others: I also agre	e that if the key is lost, stolen, or	not surrendered when re	quested, a fee that reflects the cost of	
	÷	-	per facility will be charged for re-keying	
costs; however, charges could be higher based on actual costs. Contractors hired by the City of Manitowoc will be				
invoiced for any re-keying fees; all others will have charges applied to the credit card on file.				
Signature			Date	
Shaded area to be completed by key issuer:				
Issue Type:   Temporary				
□ R	eissue - Reason			
	hoto I.D. 🛛 Credit Card			
Photocopies: D P				
Authorizer's Signature		Date Issued		
Key#	Туре	Кеу#	Туре	
Кеу#	Туре	Key#	Туре	
Return Date		Key Received B	Key Received By	

Return sheet to \_\_\_\_\_\_ Office, \_\_\_\_\_, Manitowoc. Phone: 920-686-\_\_\_\_