

LBJ STUDENT CENTER
LOST KEY REPORT

KEYHOLDER INFORMATION:

Name: _____ Tx State ID # _____

Department & Room # _____

Key Numbers:

1) _____ 2) _____ 3) _____ 4) _____
5) _____ 6) _____ 7) _____ 8) _____

Describe how and where the keys were lost:

Where were the keys kept?

Time, location and date keys were last seen: _____

Action taken by keyholder: _____

PAY LOST KEY CHARGES @ \$15.00 PER KEY TO THE BUSINESS OFFICE.

Print Key holder's Name: _____

Key holder's Signature: _____ **Date:** _____

It has been explained, and I understand the LBJ Student Center is not liable for actions that may possibly result from the above lost key.

Print Supervisor's Name: _____

Supervisor's Signature: _____ **Date:** _____

Building Operations Manager Comments: _____

Signature: _____ **Date:** _____

LBJ Student Center Director's Comments: _____

Signature: _____ **Date:** _____