## UNIVERSITY OF SOUTH ALABAMA

## Lost Master Key Form



REKEY BUILDING Department is Charged DO NOT REKEY BUILDING Reissue Lost Key

| BUILDING OWNER |  |                      |  |      |     |         |         |
|----------------|--|----------------------|--|------|-----|---------|---------|
| Name           |  | Title                |  |      |     |         |         |
| Phone          |  | Email                |  |      |     |         |         |
| Bldg.          |  | FOAPAL #             |  | Fund | Org | Account | Program |
|                |  | COMPLETE<br>TO REKEY |  |      |     | 714700  |         |

| LOST MASTER OR GRAND MASTER KEY |  |          |  |        |  |  |
|---------------------------------|--|----------|--|--------|--|--|
| Key #                           |  | Serial # |  | Keyway |  |  |

| AUTHORIZED BY Department Head, Dean, Vice President |  |            |  |      |  |
|---|--|------------|--|------|--|
| Signature   |  | Print Name |  | Date |  |
| Signature   |  | Print Name |  | Date |  |

| FACILITIES MANAGEMENT |  |            |  |      |  |  |
|-----------------------|--|------------|--|------|--|--|
|                       |  | Print Name |  |      |  |  |
| Signature             |  |            |  | Date |  |  |

I understand that the Master Key or Grand Master Key listed has been lost and leaves the building under my administration at risk. If I choose to rekey the building, my department will be responsible for all associated costs. If I choose to not have the building rekeyed, I recognize the risk and take responsibility for any future security issues that may arise if the key is found and used by an unauthorized person.

Email Completed Form to KeyManagement@southalabama.edu

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