

Asbury United Methodist Key Request/Release Form

Request Information: _____ Date: _____

Circle One: Church Staff Committee Chair/member Volunteer Other

Last Name: _____ **First Name:** _____

Home Address: _____

Phone/Cell: _____ Email: _____

Key Information: **Master** **Exterior Door (Main Entry)** **Office Only**

Purpose for Key Request: _____

The person assuming sole responsibility for this key must provide signature below and create a 4-digit security code:

Signature: _____ Date: _____ Alarm Code: _____

Office Use Only:

Signature of person authorizing key(s) release: _____

Date of authorization: _____

Key(s) Issued: _____

Signature of person receiving returned key(s): _____

Key(s) returned _____ Date of Return: _____

