YORK COLLEGE LOST/STOLEN KEY REPORT FORM

Lost or stolen keys must be reported to Campus Safety immediately and are subject to a charge for the replacement of those items, as well as any other associated costs for lock changes. Please refer to the York College key control policy for additional information including a detailed fee schedule.

Please complete all fields (front & back)!

Please write legibly!

Name:	YCP ID No.: Job Title:								
Department:									
Work Phone:	Work Email:								
Office Address:	Please include Building Name and Room Number								
,	☐ Faculty ☐ Staff ☐ Student ☐ Contractor Full-Time Adjunct Part-Time Workstudy Intern Student Organization								
NSTRUCTIONS: 1. Complete and submit this repo 2. Replacement keys must be ord obtained prior to submitting to 3. Replacement keys will not be in 4. Replacement keys take two will	ort in its entirety to Campus Safety immediately upon discovering key(s) have been lost/stoled lered using the "Key Request Form." Signature of the appropriate authorizing party must be the new request form to Campus Safety. In some some some some some some some some								
	Did this Occur: ☐ On Campus ☐ Off Campus								

			FOR OFFICE USE ONLY			
LOST KEY(S) INFORMATION:	OST KEY(S) INFORMATION:			Incident Report Number:		
Building Name	Room Name/Number	Key Stamp (if known)	Кеу Туре	Fine Amount		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

(Continued on reverse side)

EOD OFFICE LISE ONLY

OST KEY(S) INFORMATION (continued):			FOR OFFICE USE ONLY	
Building Name	Room Name/Number	Key Stamp (if known)	Кеу Туре	Fine Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total Fine Assessed	\$
*With my signature below, I uncknowledge my responsibility ignature on the original key reand locks. I agree to abide by the	or to submitting to Campus Safet nderstand the key(s) issued to me for all property and/or records se quest form, I agree to accept all fi he College's policy and procedure	is/are the propert cured by the lock(s nancial responsibil s.	s) operated by the key(s). As	s indicated by my ng coinciding keys
Please email, fax or send via l campussafety@ycp.edu	interoffice mail completed forms t	to Campus Safety (j	fax # 717.849.1654) or by en	nail to

441 Country Club Road, York, PA 17403 ♥ Office Phone: 717.815.1403 ♥ campussafety@ycp.edu