

Elizabeth City-Pasquotank Public Schools

Key Release Form

TO: **Company Name/ School:** _____
 Employee/Individual: _____
 Address: City/State/Zip: _____
 Phone: _____
 Date: _____

FROM: **Maintenance Department**

RE: **Keys**

Office Use	Date Key(s) Released:	Date Key(s) Returned:
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Key(s) will be issued solely to the representative of the school, firm, or company listed above. Our new key system offers a greater accessibility to our buildings; however, a greater responsibility. The above listed party will take full responsibility for any damages and or loses that may occur while entering and exiting our buildings. Once the key(s) are returned, responsibility will be released. Failure to return key(s) will result in the holding of the employees' last check or firm/company invoice. The cost to replace key(s) due to the loss of an employee, firm, or company are as follows:

\$20.00 per interior key
\$50.00 per exterior key

Signature of Principal/Director: _____

Signature of Key Holder: _____

Witness: _____

Date: _____