



KEY/CARD LOST, STOLEN, OR DAMAGED REPORT FORM

*Upon completion with proper signatures, submit this form to: CACPolice@centralaz.edu.

STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other	Name (Last, first & middle initial):	
	Position:	Work Phone:

*Signature of Key or Card Holder (person named above):	Date:
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REASON FOR REPORT

Lost
 Stolen
 **Damaged
 Other (explain) _____
 **Damaged keys or access cards must be returned with this report.

DETAILS OF LOSS, THEFT, OR DAMAGE OF KEYS/ROOM ACCESS CARD (Please explain):

DESCRIPTION OF KEYS/ROOMS ON ACCESS CARD

Enter only one (1) room number per line below. If additional space is needed, use a separate report form.

	Campus	Bldg. #	Room #	Serial Number and/ or Miscellaneous Description	Admin. Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

REVIEW AND AUTHORIZATION

<input type="checkbox"/> Acknowledged	*Signature of Director or Head of Department:	Date:
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POLICE USE ONLY

Control Number	Date Received	Date Issued	Issued By	Date Indexed