

**Facilities Support Services
Lost Key Form**

Last Name	First Name	Middle Initial
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Building	Floor	Room
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Key Number(s):

To: Key Control. This is to report that the above named person has lost his or her key(s) on: (date) _____ under the following circumstances:

If new key(s) are needed please submit a new key request for each key required. Please notify Facilities if a re-key is requested (617) 287-5405 or [click here](#).

Signed by key holder	Date
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Approved by Department Head	Date
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