

LOST OR STOLEN KEY FORM North Carolina Department of Administration Division of Facility Management-Security Systems 984-236-0460



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	INFORMATION

BUILDING COORDINATOR:	REQUEST DATE	
DEPARTMENT – DIVISION:	BUILDING NAME	
MSC# and Zip Only:	TELEPHONE #	
REQUESTOR	BUILDING NAME	
AGENCY	ADDRESS	

2. EMPLOYEES WILL BE INFORMED TO FOLLOW AND ACCEPT THE GUIDELINES BELOW BEFORE KEYS CAN BE DISTRIBUTED

- a) FMD Security Systems is the only authorized agency to duplicate keys for State Government Facilities
- b) The Building Coordinator is the ONLY individual authorized to submit form to Security Systems for lost keys
- c) The Requestor will bear the cost of re-keying and/or re-coring of lock in the event the agency will not accept these costs
- d) If applicable, submit police report information i.e. time, date, precinct, etc.
- e) The Building Coordinator shall process the electronic form by utilizing the AIM\ReADY Web Portal
- f) "Save As" a pdf document and attach the form in the AiM/ReaDY Portal before submitting request
- g) All improperly filled out forms will be rejected. A new ReaDY Request must then be submitted correctly

3. LOST KEY(S) INFORMATION TO BE ENTERED BELOW:

KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY		
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WHEN WAS/WERE THE KEY(S) LOST?						
WAS THE LOSS REPORTED?						
POLICE REPORT #						
ADDITIONAL INFORMA	TION:					

A NEW KEY & CORE REQUEST FORM MUST BE FILLED OUT BEFORE A REPLACEMENT KEY CAN BE PROVIDED TO THE EMPLOYEE

I hereby understand and agree to abide by these terms and conditions

Signature:	Date:
PRINT NAME:	
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