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How to: Fill out the Lost Key Form

The Building Coordinator must fill in the highlighted top portion of the form for processing. This information is required so we can cross-reference the validity of the individual. Refer to Section 5 for more information.

AGENCY INFORMA					
BUILDING COORDIN		$\overline{}$	REQUEST DATE	-	
DEPARTMENT - DIV			BUILDING NAME		
MSC# and Zip Only			TELEPHONE #		
REQUESTOR			BUILDING NAME		
AGENCY			ADDRESS	50 EA	
EMPLOYEES WILL	BE INFORMED TO FO	LLOW AND ACCEP	TTHE GUIDELINES BE	LOW BEFORE KE	YS CAN BE DISTRIBUTED
c) The Requestor v d) If applicable, sul e) The Building Co f) "Save As" a pdf	will bear the cost of r bmit police report in ordinator shall proce document and attac	e-keying and/or re formation i.e. time as the electronic to the form in the A		event the agency W\KeAUY Web P	will not accept these costs ortal quest
Name of the second	RMATION TO BE ENT	<u> </u>	OLDED MARK	DL LAST 4 OR	SECURITY SYSTEMS
KEY CODE					
KEY CODE	ROOM NUMBI	JA KEYH	OLDER NAME	NC STATE ID #	USE ONLY
KEY CODE	ROOM NOMBI	IN KEYH	OLDER NAIVIE	NC STATE ID #	USE ONLY
KEY CODE	ROOM NOMBI	N KEYH	OLDER NAME	NCSTATE ID#	USE ONLY
		N KEYH	OLDER NAME	NC STATE ID #	USE ONLY
WHEN WAS/WERE T	THE KEY(S) LOST?	NEYH	OLDER NAME	NC STATE ID #	USE ONLY
WHEN WAS/WERE T	THE KEY(S) LOST?	N KEYH	OLDER NAME	NC STATE ID #	USE ONLY
WHEN WAS/WERE T WAS THE LOSS REPO POLICE REPORT #	THE KEY(S) LOST? DRTED?	NEYH	OLDER NAME	NC STATE ID #	USE ONLY
WHEN WAS/WERE T	THE KEY(S) LOST? DRTED?	N KEYH	OLDER NAME	NC STATE ID #	USE ONLY
WHEN WAS/WERE T WAS THE LOSS REPO POLICE REPORT #	THE KEY(S) LOST? DRTED? ATION:	I RE HITTED OOI RI	EHOKE A KEPLACEMEN	II KEY CAN BE PE	OVIDED TO THE EMPLOYE
WHEN WAS/WERE T WAS THE LOSS REPO POLICE REPORT #	THE KEY(S) LOST? DRTED? ATION:	I RE HITTED OOI RI		II KEY CAN BE PE	OVIDED TO THE EMPLOYE
WHEN WAS/WERE T WAS THE LOSS REPO POLICE REPORT #	THE KEY(S) LOST? DRTED? ATION:	I RE HITTED OOI RI	EHOKE A KEPLACEMEN	II KEY CAN BE PE	OVIDED TO THE EMPLOYE
WHEN WAS/WERE TO WAS THE LOSS REPORT # ADDITIONAL INFORMATION ALL INFORMATION	THE KEY(S) LOST? DRTED? ATION:	I RE HITTED OOI RI	EHOKE A KEPLACEMEN	I KEY CAN BE Ph	OVIDED TO THE EMPLOYE

General rules and guidelines for Agency Employees. These guidelines must be followed, or key privileges can be removed. *Refer to Section 5 for more information*.

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BU LDING COORDINAT	_	REQUEST DATE		
DEPARTMENT - DIVISION MSC# and Zip Only:	ON:	BUILDING NAME TELEPHONE #		
WISC# and Zip Only:		TELEPHONE #		
REQUESTOR		BUILDING NAME		
AGENCY		ADDRESS OW AND ACCEPT THE GUIDEUNES BE	(C)	
b) The Building Coordi c) The Requestor will d) If applicable, submi e) The Building Coordi f) "Save As" a pdf doo	inator is the ONLY inc bear the cost of re-ke it police report inforr inator shall process t ument and attach th	hed agency to duplicate keys for Stal dividual authorized to submit form to eying and/or re-coring of lock in the e mation i.e. time, date, precinct, etc. the electronic form by utilizing the AlM e form in the AiM/ReaDY Portal before	Security Systems event the agency W\KeAUY Web P ore submitting re	s for lost keys will not accept these costs ortal quest
g) All improperly filled	out forms will be re	jected. A new ReaDY Request must t	hen be submitte	d correctly
LOST KEY(S) INFORM.	ATION TO BE ENTERE	D BELOW:		
KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY
	8			
	constant a series			
HEN WAS/WERE THE	Service Control of Service Contr			
	ED?			
AS THE LOSS REPORT				
OLICE REPORT #	JN:			
OLICE REPORT #				
OLICE REPORT #				KOVIDED TO THE EMPLOYE
OLICE REPORT #	The state of the s	E HILLED OUT BEFORE A REPLACEMEN	10000	
DLICE REPORT #	The state of the s	E HILLED OUT BEFORE A REPLACEMEN and and agree to abide by these ter	10000	ons
DLICE REPORT # DDITIONAL INFORMATION NEW KEY & COKE REQ	The state of the s		rms and conditi	<u>ons</u>
OLICE REPORT #	The state of the s		10000	ons
DLICE REPORT # DDITIONAL INFORMATION NEW KEY & COKE REQ	The state of the s		rms and conditi	ons
DLICE REPORT # DDITIONAL INFORMATION NEW KEY & COKE REQ	The state of the s		rms and conditi	ons

Fill all applicable form blocks for key request. If not done correctly, request may be rejected, and a new ReaDY request will need to be submitted. *Refer to Section 5 for more information*.

AGENCY INFORMAT	TION			
BUILDING COOLDINA	_	REQUEST DATE		
DEPARTMENT - NIVI	SION:	BUILDING NAM	IE	
MSC# and Zip Only		TELEPHONE #		
REQUESTOR		BUILDING NAM	IE	
AGENCY		ADDRESS	0.5	
c) The Requestor wi d) If applicable, sub- e) The Building Coor f) "Save As" a pdf d	Ill bear the lost of re-ker mit police report inform dinator shall process th ocument and at ach the	ividual authorized to submit form to ying and/or re-coring of lock in the ation i.e. time, date, precinct, etc. e electronic form by utilizing the A form in the AiM/ReaDY Portal befected. A new ReaDY Request must	event the agency IM\ReAUY Web Po fore submitting rea	will not accept these costs ortal quest
LOST KEY(S) INFOR	MATION TO BE ENTERN	BELOW:	DI LACT 4 OR	CECULDITY CVCTEAGE
KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR NC STATE ID #	SECURITY SYSTEMS USE ONLY
WHEN WAS/WERE TH	HE KEY(S) LOST?			
WAS THE LOSS REPO	RTED?			
POLICE REPORT #	Notes (200)			
ADDITIONAL INFORMA	TION:			
NEW KEY & COKE KE	Mark the state of	HILLED OUT BEFORE A REPLACEME and and agree to abide by these to	The second secon	
			Date:	
Signature:				



The Key holder will print, sign and date when they pick-up key(s).

		of Facility Management-Security 984-236-0460	501F//3055	
AGENCY NFORMA			-	
BU LDING COORDIN		REQUEST DATE		
DEPARTMENT - DIV		BUILDING NAME		
MSC# and Zip Only:		TELEPHONE #		
REQUESTOR		BUILDING NAME		
AGENCY		ADDRESS	es es	
EMPLOYEES WILL	E INFORMED TO FOLLO	W AND ACCEPT THE GUIDELINES BE	LOW BEFORE KE	YS CAN BE DISTRIBUTED
e) The Building Coo f) "Save As" a pdf o g) All improperly fil	ordinator shall process the document and attach the	nation i.e. time, date, precinct, etc. te electronic form by utilizing the All te form in the AIM/ReaDY Portal beforected. A new ReaDY Request must to D. BELOW:	re submitting re	quest
KEY CODE	ROOM NUMBER	KEY HOLDER NAME	DL LAST 4 OR	SECURITY SYSTEMS USE ONLY
	1			
-				
WHEN WAS/WERE THE LOSS PEDO	A CONTRACTOR CONTRACTOR			
WAS THE LOSS REPO	A CONTRACTOR CONTRACTOR			
WAS THE LOSS REPO	RTED?			
WAS THE LOSS REPO	RTED?			
WAS THE LOSS REPO POLICE REPORT # ADDITIONAL INFORMA	ORTED?	HILLED OUT SEEOKE A HEPLACEMEN	100	
WAS THE LOSS REPO POLICE REPORT # ADDITIONAL INFORMA	RTED?		100	

Instructions:

- Make sure to select one proper box for items needed for each line. Add appropriate identifiers i.e., key code, room #, name of keyholder and Last 4 of ID provided for that line. Use multiple lines if needed.
- Once the form has been filled out up to the "additional information" line you will "Save As" the requestors name and the current date.
 - Last Name, First Name and current date format Example: Peters, James 04012021
- When you are in the ReaDY application and prompted to submit your form, attach this form to the portal for processing.
- The Security Systems office will validate the information and notify the Building Coordinator when the key data has been updated in Keystone. They then can apply for a replacement key through the ReaDY App.
- In the event of loss or mishandling of the key(s) the keyholder will incur the replacement costs and/ or potential inquiry about the handling procedures used when controlling key(s).
- Signature occurs when replacement key(s) are picked up by the keyholder/requestor.
 - If this is a replacement situation the Keyholder will have (2) forms to sign when they arrive for replacement keys.
 - ❖ Key/Core Request Form
 - Lost Key Form

NOTE:

- ♣ Multiple entries can be made on one form if the keys are being given to the same employee only. Do not fill out the form for multiple employees as there is no way to track these keys without a signature from the responsible employee receiving the key.
- Multiple forms can be submitted on (1) workorder provided each form is for (1) individual. So, if there are 4 employees requiring keys attach 4 separate individual forms in ReaDY for that order.
- All replacement keys require that a Lost Key Form be submitted before a new key can be cut for the keyholder. If the keyholder is on file having a key and a request comes through for another it will be rejected until the Lost Key form is submitted.

Any questions or inquiries can be forwarded to:

Security Systems Office 120 West Lane Street Raleigh, NC 27603 984-236-0460

security.systems@doa.nc.gov