



Report of Lost Keys

Date: _____

Name: _____
Please Print Clearly

Email: _____

BAYLOR ID Number: _____

Faculty Staff Student

Department Account Number: _____

Office Phone Number: _____

Key ID Number: _____

Building: _____ Room Number: _____

Action Taken:

Recommendation:

Justification:

Print Name: _____
Department Head Date

Signature: _____

Signature: _____
Locksmith, Baylor Facility Services Date

Signature: _____
Don Bagby, Director of Facilities Management Date