



GRANTS PASS SCHOOL DISTRICT 7

LOST OR STOLEN KEY(S) FORM

Report #: _____ Report Date: _____ Report Time: _____

Please type or print clearly in ink all shaded areas

Keyholder Information (complete all areas):			
Last Name	First Name	MI	Social Security #
Address		City	State Zip
Contact Telephone Number	Affiliation (Please Circle): Student Faculty/Staff		
Reporting Person (if different than keyholder): _____			

For Lost Key(s), complete all areas:			
On _____ Date	at/between _____ Time(s)	the above-listed person lost _____ # of keys	
Key(s) belonging to Grants Pass School District 7 at _____ Location			
These keys open (please circle all that apply):			
Building	Floor/Area	Individual Room/Office # _____	

For Stolen Key(s), complete all areas:			
On _____ Date	at/between _____ Time(s)	the above-listed person had _____ # of keys	
key(s) belonging to Grants Pass School District 7 taken by person(s) unknown from _____ Location			
These keys may be used to open (please circle all that apply):			
Building	Floor/Area	Individual Room/Office # _____	

KEY CODE	KEY NBR	COST \$	KEY CODE	KEY NBR	COST \$

Total Cost \$ _____