

LOST OR BROKEN KEY REPLACEMENT FORM
DEPARTMENT OF AVIATION - FACILITIES DIVISION
FACILITIES@LASAIRPORT.COM 702-261-5621

REQUESTOR CONTACT INFORMATION

Name: _____ Phone: _____
Company/Section: _____
Date Submitted: _____ Date Desired: _____

LOST/BROKEN KEY REPLACEMENT REQUEST

Employee Name: _____ Badge #: _____

Key type and key number: _____

Lost Broken Door/space number it opens: _____

Key type and key number: _____

Lost Broken Door/space number it opens: _____

Key type and key number: _____

Lost Broken Door/space number it opens: _____

Please note that in accordance with the Facilities Department Security Key Policy, there will a fee implemented for the replacement of all lost or broken keys.

Replacement Key: \$25.00/key (lost or broken key replacement)

By signing below, on LINE A, you are hereby authorizing the processing of the aforementioned lost or broken key(s) and therefore authorizing the coinciding fee.

- A. _____ Signature of Key Signatory
- B. _____ Signature of DOA Facilities Manager
- C. LEAVE BLANK UNTIL TIME OF PICK UP _____ Signature of Key Recipient (To be signed at time of pick up)
- D. LEAVE BLANK UNTIL TIME OF PICK UP _____ Date, Badge, and Phone number of Key Recipient