



**Key / Key-Card  
Request Form**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Status:    Member            Church Employee            Child Care Employee            Contractor

This request is for access to: \_\_\_\_\_

Reason: \_\_\_\_\_

*I, the undersigned, acknowledge receipt of the Key / Key-Card. I agree not to loan, share/transfer possession of, misuse, or alter the key / key card that has been issued to me. I understand and agree that in the event my Key / Key-Card is lost or stolen, I will notify Asbury United Methodist Church immediately. To replace a lost or stolen Key / Key-Card will require a \$25.00 Key-Card or a \$100.00 Key Replacement Fee. In the event I leave Asbury United Methodist Church, I agree to return all keys or key-cards that were assigned to me.*

Signature: \_\_\_\_\_

----- To Be Filled Out by Trustees -----

Trustees Chair Signature: \_\_\_\_\_

Key / Key-Card Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Key / Key – Card Issued: \_\_\_\_\_