

**CARSON CITY SCHOOL DISTRICT
KEY RECEIPT/LOST REPORT**

I, the undersigned, having read the KEY POLICY of CCSD, and as an employee of the District, agree to uphold the Policy as follows:

1. I will be personally and monetarily responsible for the loss of any key or keys listed below.
2. I will not duplicate or permit anyone else to duplicate any key or keys assigned to me, or borrow any fellow employee's keys for duplicating.
3. I will assume full responsibility for loss or damage resulting from lending any key listed on this key receipt.
4. In case of loss or theft of any listed keys, I will immediately notify the Principal or Administrator who issued the keys to me.
5. I will return all keys to the Principal or Administrator as part of year-end clearance (or when no further needed in performance of my duties), or in the event of termination of employment.
6. I understand that, prior to paying for a replacement; the key number must be submitted by the administrator or designee to the Lock Shop, to determine cost of replacement.
7. I agree that I may be required to reimburse CCSD for the loss of any key or keys listed below. Prices are for example only, actual cost will be billed.
 - \$10 File Cabinets, desk keys, vehicles
 - \$25 Gate Keys
 - \$50 Individual Classroom/Office Keys
 - \$150 Sub Masters
 - \$200 Site Masters
 - \$500 Grand Master

Keys Received:

Key Number	Location	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Keys Received By:

Name & Title (Please Print)

Signature

Company Name

Phone Number

