

TRU LOST KEY REPORT

KEY HOLDER INFORMATION

Name: _____
 Employee or Student Number (if applicable): _____
 Telephone: _____ Email: _____
 Department/Faculty or Company Name: _____

DESCRIPTION OF LOSS



Quantity of metal keys lost



Quantity of electronic cards or FOBs lost



Approximate time and date of loss: _____

UNSURE

Last confirmed location of keys prior to loss _____

CHECK ANY THAT MAY APPLY:

- Keys were on a TRU keychain, lanyard or TRU ID
- Keys were in a handbag with also included TRU ID or business cards
- Keys were stolen from a car on campus or with a TRU parking pass displayed
- Keys were with other TRU paraphernalia [specify below]

KEY HOLDER STATEMENT:

The information provided by me in this report is complete and accurate to the best of my knowledge:

Key Holder _____

Date _____

*Sign and scan to
keys@tru.ca*

Remarks:

LOST KEY IDENTIFICATION [FOR FACILITIES USE]:

Key No: _____	Issue No: _____	Access Card No: _____
Key No: _____	Issue No: _____	
Key No: _____	Issue No: _____	
Key No: _____	Issue No: _____	
Key No: _____	Issue No: _____	
Key No: _____	Issue No: _____	
Key No: _____	Issue No: _____	