

FOB / KEY RETURN - FORM No. # []

Person Returning Keys	
First Name:	Surname:
Strata Building:	Apartment Number:
Reason for returning keys:	
Signature of person returning keys:	Date:
LIST ALL RETURNED FOBS / KEYS HERE	
Building	Key Number(s)
Security Office:	
Key database updated: Yes / No	
Key access removed from FOB: Yes / No	
Keys retained at Security Office: Yes / No	
Security Officer Signature: Security Officer (Print):	Date:
Copy filed at the Security Office: Yes / No Security Supervisor Signature: Security Supervisor (Print):	Date: