

# FOB / KEY RETURN - FORM No. # [     ]

|   |                                   |
|---|-----------------------------------|
| <b>Person Returning Keys</b>                        |                                   |
| First Name:   | Surname:                          |
| Strata Building:                                    | Apartment Number:                 |
| Reason for returning keys:                          |                                   |
| Signature of person returning keys:                 | Date:                             |
| <b>LIST ALL RETURNED KEYS HERE</b>                  |                                   |
| Building  | Key type (Fob / AK) and number(s) |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
| <b>Security Office:</b>                             |                                   |
| Key database updated:                      Yes / No |                                   |
| Key access removed from Key:    Yes / No            |                                   |
| Keys retained at Security Office:    Yes / No       |                                   |
| Security Officer Signature:                         | Date:                             |
| Security Officer (Print):                           |                                   |
| Copy filed at the Security Office:    Yes / No      | Date:                             |
| Security Supervisor Signature:                      |                                   |
| Security Supervisor (Print):                        |                                   |