UNIVERSITY of
HOUSTON
FACILITIES/CONSTRUCTION MANAGEMENT

Lost or Stolen Key Report Form

Complete this form when key(s) are lost, stolen or otherwise misplaced. Stolen key reports will require UHPD case number in addition to this form.

PLEASE PRINT/TYPE

Key Holder Last Name: _____   **Department:** _____

Key Holder First Name: _____   **Employee ID#:** _____

Phone Number: _____   **Email:** _____

Did this occur: ☐ On Campus   ☐ Other (address): _____

Date of loss: _____   **UHPD Case No:** _____

Please describe the events as best known, including all details that could possibly compromise security.

KEY(S) INFORMATION:
A key audit may be conducted to ensure proper accountability of keys.

Building	Room No.	Type of Space (office, lab, classroom, etc.)	Key Number (KAS use only)	Copy Number (KAS use only)

☐ I acknowledge that Facilities/Construction Management working in conjunction with Campus Safety is authorized to determine if rekeying is necessary as outlined in the Key Control Policy.

_____   _____
Key Holder Signature   Date

Key Access Services
832-842-0539
kas@central.uh.edu