

KEY RECEIPT / ALARM CODE REQUEST

Please complete & send back to the office for processing.

Store Number: _____

Date: _____

Name: _____

Position: _____

Number of Keys Issued: _____

Issued By: _____

Date Issued: _____

Alarm Code Needed? (Y/N) _____

Alarm Code Assigned: _____

Date Assigned: _____

For Office Use Only

Key Holder & Alarm Code Responsibility Agreement:

I have received the above requested keys, and accept full responsibility for its safekeeping.

I will report immediately any keys issued to me that are lost, stolen or damaged to my manager.

When I terminate employment or no longer need this key, or upon demand from my Manager, I will return it promptly, in person, to the Store Manager or District Manager. If I do not return the keys, I agree to all of the following terms:

- I will pay the current key replacement charge (\$25 per individual key);
- A police report may be filed.

Signature: _____

Date: _____

Print Name: _____

Telephone: _____