

Contractor Key Box Agreement Form

Personal Information:

First Name: _____ Last Name: _____

Address: _____

Email: _____

Company Name: _____

Company Phone #: _____

Personal Phone #: _____

Project Start Date: _____

Project End Date: _____

Project/Shop Manager: _____

Project/Shop Manager Phone #: _____

Key Holder Policy:

I understand key(s) issued are the responsibility of the user and shall **not** be duplicated under any circumstances and are not subject for loan to a third party.

I understand that I am responsible for reporting any lost or stolen key(s).

I understand that I will be held liable for any administrative fees if any key(s) becomes lost or stolen while in my possession.

I understand I am required to return all key(s) to the key box by the end of my work shift.

Users Signature: _____ Date: _____

I acknowledge that I am aware of and understand the above key policy and agree to its contents.

NOTE: A front and backside copy of your state issued photo ID must be provided to gain access to our key box. Copies may be emailed in advance to DL-FM-KEYBOX-ACCESS@umaryland.edu , or you may bring your ID with you to your appointment and a copy can be made on-site by our office manager or their designated backup

FOR OFFICE USE ONLY

Users ID #: _____ Users Temporary PIN: _____			
USER ACTIVATED BY:	ACTIVATION DATE:	USER DEACTIVATED BY:	DEACTIVATION DATE: