



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF  

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FACILITIES & CONSTRUCTION

**LOST KEY FORM**

Campus / Facility: \_\_\_\_\_

Employee responsible for key: \_\_\_\_\_

Position: \_\_\_\_\_

Key #: \_\_\_\_\_

Incident Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Principal Signature

\_\_\_\_\_  
Date

This form must be returned to Facilities & Construction Services Department.