



## KEY AUTHORIZATION FORM

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason For Key: \_\_\_\_\_

### I agree to the following:

I understand that I will be allowed to carry these keys with me at any time. I am the only one to use these keys. At no time will I use these keys for any other purpose other than opening the doors for Salaah, or Usage of Board Room or Library, or permission granted for Religious activities. I agree not to loan, transfer, give possession of, misuse, modify or alter the below keys. I further agree not to cause, allow, or contribute to the making of any unauthorized copies of the below keys. If I lose these keys or if they are not returned when requested to do so, I understand that I will forfeit my deposit and may be charged for relock of any affected areas. IAS has the right to confiscate the keys at any time when requested to do so. **The key deposit is \$50.00**

Original Key Number: \_\_\_\_\_

Key Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_

### Key Return Date:

Date Key Returned: \_\_\_\_\_ Key Holder Signature: \_\_\_\_\_

Board Member: \_\_\_\_\_ Board Member Signature: \_\_\_\_\_