

ST. DAVID CATHOLIC CHURCH

Key Request/Receipt

Date: _____

Name: _____

Address: _____

Home Phone: _____

State/Zip: _____

Cell Phone: _____

E-mail: _____

I hereby request a key to St. David Church located at 2334 Tenbrook Road, Arnold, MO 63010, for:

Describe activity/purpose for key including dates and times.

I will need access to the following areas inside the building:

- | | |
|--|--|
| <input type="checkbox"/> Sacristy | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Ice Closet/Concession | <input type="checkbox"/> Central Supply Closet |
| <input type="checkbox"/> Gym Foyer Closet | <input type="checkbox"/> Office 101 |
| <input type="checkbox"/> Meeting Room 108 | <input type="checkbox"/> Office 102 |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

I agree to return the key to St David Church Rectory at 2334 Tenbrook Road on _____ or upon request.
(date)

By accepting the key(s), I agree 1) not to give or loan the key to others; 2) not to make any attempt to copy, alter, or reproduce the key(s); 3) to use the key(s) for authorized purposes only; 4) to safeguard and store the key(s) securely; 5) to immediately report any lost or stolen key(s); and 6) produce or surrender the key(s) upon request. I also agree that if the key(s) are lost, stolen, or not surrendered upon request I will pay the cost of changing any and all locks affected.

I received key number:	For entry into:	Office Use: Date Returned:	Received by:

By signing, I acknowledge I have read, understand and will abide by the terms above.

Signed

Date