



Ontario-Montclair School District
Facilities Planning and Operations
Lost/Stolen Key Form

INSTRUCTIONS TO PERSON FILLING OUT REPORT:

1. Each person must file a **Lost/Stolen Key Form**
2. Submit a work order and attach the **Lost/Stolen Key Form**
3. State ALL pertinent information

To: FACILITIES PLANNING AND OPERATIONS
Name/Job Title: _____
Subject: LOST/STOLEN KEYS
Site/Location: _____

LIST KEY(S) LOST/STOLEN

Key Number	Quantity	Area(s) Key Gives Access to

GENERAL INFORMATION

Date Lost: _____
Location Lost: _____
Description How Key(s) Lost: _____
Date When Loss Was Discovered: _____
Additional Information: _____

SITE ADMINISTRATOR/DEPARTMENT HEAD APPROVAL

Employee's Name Employee's Signature Date

FACILITIES PLANNING AND OPERATIONS USE ONLY
Facilities Planning and Operations Designee

Employee's Name Employee's Signature Date

For more information contact Facilities Planning and Operations at (909) 418-6366.