RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
TEST PILOT: LOST, STOLEN, OR UNRETURNED ACCESS CREDENTIAL REPORT FORM

SECTION A

SITE: ________________________________ TODAY’S DATE: ________________________________
NAME: ________________________________ DATE OF LOSS: ________________________________

Title: ________________________________ Last Name, First Name, M.I
DEPT: ________________________________

EMPLOYEE ID: __________________________ DISTRICT EMPLOYEE ID BADGE #: __________________________
CREDENTIAL WAS: ☐ LOST ☐ STOLEN ☐ UNRETURNED (skip Section B)

SECTION B - DESCRIPTION OF INCIDENT

Where were the keys at the time of loss? ________________________________
Please describe the circumstances in which the keys were lost or stolen? ________________________________

Was incident reported to any authorities - local agency (police, sheriff) or Campus Safety? ☐ YES ☐ NO
Police/Sheriff Report No.: ________________________________ Campus Safety Incident No.: ________________________________

SECTION C - KEY TYPES

Please complete the chart below and list the key name or number for all keys reported lost or stolen:

<table>
<thead>
<tr>
<th>Key Name/No.</th>
<th>Master Key? If so, indicate type (AL-2, AL-3, or AL-4)</th>
<th>Key Name/No.</th>
<th>Master Key? If so, indicate type (AL-2, AL-3, or AL-4)</th>
<th>Key Name/No.</th>
<th>Master Key? If so, indicate type (AL-2, AL-3, or AL-4)</th>
</tr>
</thead>
</table>

SECTION D - REPLACEMENT FEE FOR LOST, STOLEN, OR UNRETURNED MECHANICAL KEY

<table>
<thead>
<tr>
<th>Key Type</th>
<th>Cost Per Key</th>
<th># of Keys Replaced</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL-2</td>
<td>$150.00</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>AL-3</td>
<td>$100.00</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>AL-4</td>
<td>$50.00</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>AL-5</td>
<td>$25.00</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Cabinet Master</td>
<td>$10.00</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>Cabinet File/Desk</td>
<td>$3.00</td>
<td>x</td>
<td>=</td>
</tr>
</tbody>
</table>

Total Fee: ________________________________

SECTION E - SUBMITTER’S SIGNATURE (Not required to be submitted by the employee indicated in SECTION A above)

I certify the above is true and correct

NAME: ________________________________
Last Name, First Name, M.I
SIGNATURE: ________________________________ DATE: ________________________________

SECTION F - SAFETY OFFICE USE ONLY

RECEIVED BY: ________________________________
Name
SIGNATURE: ________________________________ DATE: ________________________________

This form shall be submitted to District Safety and Security.
If a replacement key is required, refer to AR 3501, Key and Electronic Access Control Procedure.

AR 3501.4 - Form 3
03/03/2020