**ST. POLYCARP CHURCH**

**Request for Extended Key Users**

To be completed by the Chairperson/Leader of the organization/ministry:

NAME OF INDIVIDUAL TO RECEIVE KEYS:

PHONE # EMAIL:

MINISTRY:

NEED/REASON:

KEY(S) REQUESTED:

APPROVAL by CHAIRPERSON SIGNATURE: DATE:

**To be completed when keys are received:**

For the protection of all those who use St. Polycarp facilities, I have read the policies on St. Polycarp’s key policy sheet. I agree to follow them completely.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OFFICE USE ONLY**

APPROVAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pastor/Business Manager

Keys Distributed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date issued:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_//Initials of person issuing:\_\_\_\_\_\_

Entered on key sheet: \_\_\_\_\_\_\_\_\_

The above keys have been returned in good order.

Date of Return:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials of person receiving returned keys:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rev Dec 16, 2016