



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: _____ DATE: _____

Chairperson

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: _____

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: _____