

Key Request Form

Emanuel Church Hales Corners

To be filled out by the individual requesting facility keys

Name: _____ Phone: _____

Church Member: YES - NO -

Keys requested: Church entrance doors Other _____
 Submaster Exterior Doors Interior Doors Office

Date Needed: _____

Reason: Church Staff Church Officer Preschool
 Committee responsibility Committee: _____
 Church group Group: _____
 Service provider Company: _____
 Other Reason: _____

To be filled out by the church administrator when key is requested

Approved by: Pastor Church Officer Church administrator
 Chairperson of Trustees

Approval date: _____ Scheduled return date: _____
 Submaster Exterior Doors Interior Doors Church Office

By signing below, I acknowledge receiving the above referenced facility key in addition to a copy of the *Building Usage Policy* and agree to abide by all policies and guidelines governing church use including but not limited to those policies specifically outlining the distribution of facility keys.*

Signature _____ Date: _____

Signature of church administrator: _____ Date: _____

To be filled out by church administrator at time key is returned

Returned to: _____ Date: _____

* emanuel/forms/keyrequest.doc 12/27/06