

FSPD

Key/Key Fob Request Form

Agency/Community Group: _____

NAME	KEY/KEY FOB NO.	FACILITY	REASON TO ISSUE
	<i>Administrative Use Only</i>		<i>Administrative Use Only</i>

Individual receiving key/key fob complete the lower portion of form

Print Name

Signature

Date

Authorized use of keys/key fobs shall be defined as the use of assigned keys during the use of a Park District facility. Assigned keys are not to be exchanged between individuals. **All keys are to be returned to the Frankfort Square Park District at the end of the season.** The use of keys to gain access to Park District facilities outside of approved usage without the direct consent of the Executive Director or designee, may result in loss of key privileges.

Executive Director/Designee Approval: _____

Date: _____

Key Issuance: Return Completed and Signed Form to Assistant to the Executive Director of the Frankfort Square Park District.

Fob Issuance: Return Completed and Signed Form to Office Clerical Personnel.

Date Returned: _____

Accepted by: _____