



KEY SECURITY FORM

Worker Name

Worker Address.....
.....

Worker Contact No...../.....

Signature of Worker.....

Date Keys received.....

FOR HOUSE/FLAT KEYS BELONGING TO :

Client Name.....

Client Address.....
.....

Signature of Client

Date Keys passed to Worker.....

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I acknowledge receipt of the client's keys today and I promise to take good care of the keys and return them promptly when I finish working.

I FURTHER AGREE AND ACCEPT THE FOLLOWING:

- 1) I accept that I am not allowed to post the keys direct to the client's address for security reasons
- 2) I accept that I am not allowed to write the client's address or telephone number on the keys or on a key ring holding the keys (or on any item near which the keys will be kept) for security reasons.
- 3) I accept failure to return the keys (or loss of the keys) will make me personally liable for the cost of replacement keys and/or locks

Signature of Worker.....Date.....