

. .

Facilities CAPITAL PROJECT CONTRACTOR KEY ISSUANCE FORM

<u>Section 3.3.2.1</u> of Community Colleges of Spokane (CCS) District Key Control Administrative Procedure reads:

"Before keys may be issued to contractors, vendors and/or service agents, CCS shall require a signed document acknowledging company financial responsibility for all rekeying that must be done to restore security due to keys lost or not returned."

On behalf of myself and/or the company listed below, I understand that:

- I agree to return all CCS keys issued to me at the completion of the project or when requested by CCS Facilities.
- I will report lost keys to CCS Facilities (533-8630) within 24 hours of discovering the loss.
- I will reimburse CCS for work done to restore security due to lost or delinquent keys.
- I will reimburse CCS \$50.00 [(initial)] for each change key not returned. If a master key is lost, I will reimburse CCS for the actual cost to CCS for the timely rekeying of the locks affected by the master key. I further agree that CCS may deduct from my agreement or contract (if any) the reimbursement amount due if that reimbursement amount is not paid.
- Only authorized CCS Facilities Department employees shall duplicate CCS keys. No one else shall duplicate any CCS keys or allow any CCS keys to be duplicated.

Please provide company information:	Phone number	
Company name		
Mailing address		
City		
Company Poprosontative (Print)		
Company Representative (Print)		
TITLE	Phone Number	
FACILITIES APPROVAL	Date	
Company Representative Signature	Date	
☐ This contract form is in correlation with Capital Project *Please provide list of all possible employees approved for		

ccs 1437 (Rev. 09/11) Marketing and Public Relations