



# Facilities And Capital VENDOR/CONTRACTOR KEY ISSUANCE FORM

[Section 3.3.2.1](#) 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 [redacted (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:

Company name \_\_\_\_\_ Phone number \_\_\_\_\_

Physical address \_\_\_\_\_

Mailing Address (if different from Physical Address) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Company Representative (Print) (Signing and Decision-making authority on behalf of the company)

Company Representative Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Facilities/Capital Approval \_\_\_\_\_ Date \_\_\_\_\_

\*Please provide list of all possible employees approved for keys for specified project.

This contract form is in correlation with Capital Project # \_\_\_\_\_

Annual Vendor/Contractor Renewal – Date of period covered \_\_\_\_\_

(See attachment for page 2.) PO #

\*Form CCS 1437 must be accompanied by Form ccs 1442.

**Approved Employees for key pick-up**  
(Each employee listed must also have a pre-signed Key Check-out Form)

AUTHORIZED EMPLOYEE NAME	TITLE	CONTACT PHONE NUMBER

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**Authorized Company Representative Signature**  
(Must be the same signing Representative as page 1.)

**Date**