

# Contractor Key Box Agreement Form

## **Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Personal Phone #: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Project/Shop Manager: \_\_\_\_\_

Project/Shop Manager Phone #: \_\_\_\_\_

## **Key Holder Policy:**

I understand key(s) issued are the responsibility of the user and shall **not** be duplicated under any circumstances and are not subject for loan to a third party.

I understand that I am responsible for reporting any lost or stolen key(s).

I understand that I will be held liable for any administrative fees if any key(s) becomes lost or stolen while in my possession.

I understand I am required to return all key(s) to the key box by the end of my work shift.

Users Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I acknowledge that I am aware of and understand the above key policy and agree to its contents.*

**NOTE: A front and backside copy of your state issued photo ID must be provided to gain access to our key box. Copies may be emailed in advance to [DL-FM-KEYBOX-ACCESS@umaryland.edu](mailto:DL-FM-KEYBOX-ACCESS@umaryland.edu) , or you may bring your ID with you to your appointment and a copy can be made on-site by our office manager or their designated backup**

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### FOR OFFICE USE ONLY

Users ID #: _____ Users Temporary PIN: _____			
USER ACTIVATED BY:	ACTIVATION DATE:	USER DEACTIVATED BY:	DEACTIVATION DATE: