

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



CCS Facilities VENDOR/CONTRACTOR KEY ISSUANCE

Temporary

Indefinite

Section 2.12 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:

- I¹ agree to return all CCS keys issued to me (listed on the reverse of this form) 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.

VENDOR/CONTRACTOR AGENT SIGNATURE

DATE

TITLE

ADMINISTRATOR APPROVAL

DATE

FACILITIES APPROVAL

DATE

PRESIDENT, IEL EXECUTIVE VICE PRESIDENT, CHANCELLOR/CEO (as required)

DATE

Please provide company information:

Company name _____

Mailing address _____

City _____ State _____ ZIP _____

Phone number _____

Agent's name _____

Agent's business phone _____

¹If I am signing as an agent for a company, I represent that I am authorized to sign for that company and that the company is the responsible party for this agreement.

