



**SIGNAL DEPARTMENT LOST, STOLEN OR DAMAGED KEY FORM (SKF-2)**

**Purpose of Form:** This form shall be completed whenever employees keys are lost stolen or damaged.

**Reason:**         Key(s) Lost                                 Key(s) Stolen                                 Key(s) Damaged

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ IBM #: \_\_\_\_\_

<b>LOST or STOLEN KEYS</b>	
Date of Loss or Theft:	
Explain Events Surrounding loss or theft:	
Was Loss or Theft Reported to MTAPD By Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MTA Police Report Number: _____	
<b>Note: If applicable, attach copy of MTA Police Report to this form.</b>	
Replacement Key(s) Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: If Yes Complete Form SKF-1</b>	
Recommend Fee for replacement: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: If Yes Employee shall provide check</b>	
Employee Signature:	

<b>DAMAGED KEYS</b>	
Date of Damage:	
Explain Events Surrounding damage:	
Does Employee have damaged Key: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Note: If yes, employee must provide evidence.</b>	
Replacement Key(s) Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: If Yes Complete Form SKF-1</b>	
Employee Signature:	

**Complete the following section for key(s) Lost Stolen or Damaged:**

<b>Key(s) Lost, Stolen or Damaged</b>				
Key	Reason	Key Type	Key Number	Key Serial Number
1				
2				
3				
4				

**If Replacement Fee is Required, Office Engineer or Representative Shall Complete Section Below:**

Check received in the amount of \$_____, for _____ replacement keys.	
Check Received By: _____	_____
Office Engineer or Representative (Print)	Signature