Key Loan Form

Event / Organisation Name	
User Details 1	
First Name	Surname
Email	Ph
User Details 2	
First Name	Surname
Email	Ph
Purpose / Activity	
☐ I willingly accept the responsibility for holiding a key to the Shire of Augusta Margaret River	
 I agree that: I will be the sole custodian of the key; I will not hand the key over to another individual or group; Under no circumstances will I or any member of my orgnisation duplicate the key; the key holder will leave the facility fully secured; The key will be returned to the Shire of Augusta Margaret River on the last date of use. If any of the above conditions are not met, the Shire has the right to revoke future use of any keys. 	
Signature:	Date:
Staff Use Only	Key Number:
Date Loaned://	Date Returned/
Loaned by:	Received by:

