



The United Methodist Church of
CHUGIAK

KEY / COMBINATION REQUEST
FILL OUT AND RETURN TO CHURCH OFFICE

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

NEEDED (Circle One): COMBINATION or KEY

FOR WHICH ENTRANCES (check all that apply):

MAIN ENTRANCE _____ SIDE DOOR: _____

DOWNSTAIRS/BACK PARKING LOT DOOR _____ OFFICE DOOR: _____

I understand that by signing this form and obtaining the door key or combination to access the door key to The United Methodist Church of Chugiak that:

1. I am responsible for controlling the use of the facility for the area of my responsibility or leadership,
2. I will ensure the doors are locked when my use of the facilities is completed,
3. I will ensure all lights except emergency lights (and light above "Welcome Center" during winter) are turned off.
4. I will ensure that all interior doors are closed,
5. I will ensure no one is left inside the building,
6. I will not share the key or combination with anyone, AND
7. I understand if a key under my control is lost, I will pay for re-keying the doors that opened with my key.

SIGNATURE _____ DATE: _____