



ASTC Key Request Form

The following form is to be completed and returned to Security Ranger.

If you require access to *multiple facilities* an individual request form must be completed for each facility.

NAME OF APPLICANT: _____

NAME OF ORGANISATION: _____

POSTAL ADDRESS: _____

If a deposit is applicable, in whose name must the refund cheque be issued on approval of the refund of the deposit? APPLICANT ORGANISATION

DETAILS OF PERSON WHO WILL BE RESPONSIBLE FOR THE KEY:

NAME: _____ PHONE (B/H): _____

(A/H): _____ *(After hours number must be completed)*

WHAT FACILITY/AREA IS ACCESS REQUIRED TO: _____

WHAT TYPE OF KEY IS REQUIRED TO: _____

(E.g. Gate, Toilet, Light Panel, Etc.)

DATE PICK UP: _____

RETURN DATE: _____

PLEASE ALLOW A MINIMUM OF (72 HOURS) 3 WORKING DAYS TO PROCESS

I, _____ (name of applicant) understand the deposit, if applicable is refunded by cheque. (Please ensure correct contact details are supplied for the refund). I am bound by the conditions determined by the Council or a Council's Delegate.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Key Approved By: _____

Signature: _____

Date: _____

Deposit Required Fee: Yes: No:

Receipt Number: _____

Security Ranger Notified: Yes: No:

Date Key Issued: _____ Date Key Returned: _____

If not approved – reason:

