Facility Key Check Out

Name: ___________________________________ Phone: __________________________

Email: ___________________________________________

Representing: ___________________________________________________________________

Estimated date key will be returned: ______________________________________________

Check Out Date: ____________________ Check In Date: ___________________________

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Bangor School District Key Sign-out Agreement

1. The key(s) will be used to access the facility ONLY during pre-scheduled times (see facility request or http://bangorwius.tandem.com).

2. The key(s) will not be shared with anyone else or duplicated.

3. If the key(s) are lost, the above-signed is responsible (may include the cost of re-keying doors).

4. The below-signed will be responsible for securing the facility when leaving (making sure everyone is out, lights are off and facility is locked).

5. The key(s) will be returned to the District WITHIN ONE WEEK following the last scheduled facility use of the school year.

Signature: _____________________________________________________________________