

## **KEY COLLECTION FORM**

This form is to be completed when COLLECTING a key.

It is to be **completed by the authorised person** of your organisation.

Please be aware, that the key/swipe will be assigned an owner. Keys and swipes need to be returned when the owner ceases using the office. If the key/swipe is passed on to another worker, please notify the Membership and Tenancy Officer.

Swipes will be activated within 24hrs after this form is submitted.

Each tenant is entitled to 5 keys and 5 swipes included in their tenancy. If you require more keys or swipes, these will be charged at a fee. There is a cap per tenancy.

If your key/swipe is lost, please report this as soon as possible. There will be a fee charged for a replacement.

If you have any queries about the above information please contact the Membership and Tenancy Officer <a href="mailto:rebecca.may@rosshouse.org.au">rebecca.may@rosshouse.org.au</a> / 96 50 15 99

 Owner of key/swipe
 Number of office keys
 Swipe Number

 Owner of key/swipe
 Office keys
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Number
 Image: Swipe Number

 Image: Swipe Number
 Image: Swipe Numer
 Image: Swipe Numer

Group/organisation: \_\_\_\_\_

Authorised Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Collected:

Signature of RHA: \_\_\_\_\_