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F.05.04

LOST KEY REPORT FORM

Lost keys are subject to a replacen grand master.	nent fee of f	ron	n \$15.00 for s	single	e door u	p to \$10	00.00 for a	
☐ Reported to General Manager			Date:					
Last Name		First Name						
This is to report that the above named employee has lost his/her keys under the following circumstances on:		Da	te:					
Lost Key Information								
Building Name	Room Numbe	er	Key Number	Reis	sue Key			
					Yes		No	
					Yes		No	
					Yes		No	
Employee Signature	Title			Date				
	General M	anad	ger					
General Manager Signature	Title			Date				
CONFIRMATION OF RECEIPT OF KEY(S)								
Employee Signature	Date							

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