



**THIS FORM IS TO BE FILLED OUT FOR ANY PERSON RECEIVING KEY(S)  
BELONGING TO THE MENTAL HEALTH ASSOCIATION, INC.**

I \_\_\_\_\_ HAVE RECEIVED A TOTAL OF \_\_\_\_ KEY(S).

THE KEY(S) PROVIDE ACCESS TO THE FOLLOWING:

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AND UNDERSTAND THAT I WILL HAVE TO TURN ALL KEYS IN WHEN I  
TERMINATE FROM EMPLOYMENT OR WHEN ASKED BY A MENTAL HEALTH  
ASSOCIATION MANAGER. IF A KEY IS LOST, I MUST REPORT IT TO MY  
SUPERVISOR, APG OR THE OFFICE MANAGER.

I AGREE NOT TO DUPLICATE OR GIVE THE KEY(S) TO ANYONE ELSE AND  
THAT I WILL SAFEGUARD THE PRIVACY AND POSSESSIONS OF THE  
LOCATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of person issuing key(s)

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Employee Signature upon return

\_\_\_\_\_  
Person receiving the return of key(s)

\_\_\_\_\_  
Date of Return