

KEY RECEIPT AND RETURN FORM

Client details

Name _____

Address _____

Keys received:

by (name): _____

of (address) _____

on (date) _____

I acknowledge receipt of the client's keys and I promise to return them within 7 days by personal hand delivery if requested by the client to do so.

I accept that I must not post keys to the client for security reasons.

I accept that I must not write the client's address or telephone number on the key/key fob/key ring etc. for security purposes.

I accept that failure to return keys will make me personally responsible for the cost of replacement keys and/or locks.

Signed _____

Print _____

Date _____

Please complete the slip below and give to the cleaner when the keys are returned.

Keys Returned to Client

Cleaners Name _____

Received by: _____

Client Name _____

Client Signature _____

Date _____