



UNITARIAN UNIVERSALIST CONGREGATION OF SALEM

BUILDING ACCESS CODE AGREEMENT

Full Name:
(please print legibly) _____

Phone number: _____

Email: _____

By signing this agreement, I understand that I will have partial or full access to the UUCS facilities and accept responsibility for ensuring the building is secure when I leave the property. Please circle/check off the codes you need at the bottom of this form.

Eight of the codes are for access to key boxes, and the fifth code is to arm and disarm the building alarm.

I agree to the following when taking possession of, and responsibility for, the keys contained in the key box(es). *Please initial on each line.*

_____ While on UUCS property, I may carry the keys from the key boxes on my person.

_____ I agree to only access the UUCS facility when acting under the auspices of UUCS. At no time will I access the keys for any purpose other than to fulfill an obligation or purpose for UUCS.

_____ I agree **not** to loan, transfer, give possession of, misuse, modify or alter the keys.

_____ I agree **not** to cause, allow, or contribute to the making of any unauthorized copies of the keys.

_____ If I lose the keys, or they are not returned to the key box(es), I understand that I may be charged for the replacement of the keys and/or any necessary rekeying of the building.

_____ ***I will not share the codes for the key boxes or the alarm panel with other members or visitors.***

Reason for needing building access: _____

Signature: _____ date: _____

Signature of Person issuing: _____ date: _____

Code issued:	date:	Code issued:	date:	Code Issued	date:
Security Alarm		Exterior key box		Minister's Office	
Interior key box		Shed		Directors Offices	
Office key box		Sound Closet		Re Classrooms	