



Key Card Request Form

St. Paul Lutheran Church
200 West Orange Street
Lititz, PA 17543

Please return this form to the church office

Person Requesting Key Card

Date: _____

Name _____

Address _____

Phones: (H) _____ (W) _____ (Cell) _____

Email _____

Reason for Key Card Request

Program/Activity _____

One Time Weekly Monthly Other _____

Activity days/dates _____

Position of person making the request _____

Expected return/term expiration _____

For Office Use Only: Key Card Information

Date of issue _____ Key card number _____

Request approved _____

(Church Council President, Vice President or Pastor)

Request denied/reason _____

I understand that this key card is for my use only and I am responsible to see that it is used properly. When my term/position expires, I will return it to the church office. If the card key is lost or stolen, I will immediately report it to the church office.

I have read and understand the above and agree to abide by the above rules

Key card Recipient _____
(Print name) (Signature)

Key card returned - # on card _____ Date _____

Received by _____
(Print name) (Signature)