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**Mosque Key Checkout Form**

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| --- | --- |
| **Your Name (please print):** |  |
| **E-mail Address:**  |  |
| **Phone Number:**  |  |
| **I agree to neither duplicate nor distribute any of these keys, and I agree to return all keys to ICM upon request. I also understand that I am responsible for the cost of having the locks re-keyed and replacing the keys of others who can use these locks if I lose any of these keys.** **X (Sign)** |

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Key #** | **Checkout Date** | **Return Date** |
| **Key 1** |  |   |   |
| **Key 2** |  |   |   |