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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)** | | | |

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