



Locker Application Form

ACCEPTANCE OF RESPONSIBILITY OF LOCKER KEYS

Name: _____

Address: _____

_____ Postcode: _____

Student Identification: _____

Home Phone Number: _____ Mobile: _____

I agree to the following duty of care conditions:

- I accept the hire period is One (1) calendar year (January – December inclusive).
- I accept responsibility for the Locker key and undertake to inform FM Assist staff should I lose the Key.
- I undertake not to transfer or loan this key to any other person.
- I undertake to return the Locker key to FM Assist.
- I understand a letter will be forwarded to the address listed above notifying me when keys must be returned to FM Assist and all property be removed from the locker. Should I fail in this responsibility any remaining items found will be disposed of.
- I accept the deposit paid is to cover the cost of a replacement key or any alteration to locks as a result of my negligence.
- I understand I will be refunded my \$15.00 deposit upon return of the Locker Key to Security.

Keys must be collected from FM Assist within 24 hours of lodgement of this form. Student ID must be produced at the time of collection.

Signature: _____ Date: ____/____/____

Office use only

Amount Paid: \$ _____ Receipt Number: _____

Locker Location: _____ Locker Number: _____

Key/Combination Lock Number: _____

DEPOSIT REFUND:

Amount Refunded: \$ _____ Date: _____

(To be completed ONLY when Key returned FM Assist)

Signature : _____ Date: ____/____/____