East Bay Regional Park District
Lifeguard Service
Key Control

Facility:_____

I understand that I am responsible for the security of the keys issued to me. I recognize that handling District keys properly is a central part of insuring security of District property. Before leaving for the season, I will return the keys listed below to the Aquatic Supervisor who issued them.
My signature on this form acknowledges my understanding of this policy.

Key #	Signature	Date Iss.	By	Date Ret.	Rec. by