

Canton Township
Community Center

KeyScan Key Agreement

NAME: _____ Organization: _____

Address: _____
Street City Zip

Email: _____

Phone Number: _____ Alternate Number: _____

I understand that by signing below I am agreeing to the terms that follow:

1. I am solely responsible the KeySan Key assigned to me.
2. I understand there is a \$25.00 Deposit for the KeyScan Key.
3. I understand that upon return of the KeyScan Key to Canton Township's authorized representative I will receive my full deposit back.
4. I further understand that if I fail to return the KeyScan Key I will forfeit my full deposit to Canton Township.

_____ Date
Print Name

Signature

_____ Signature
Canton Twp. Representative (print)

KEYSCAN Key # _____ Assigned Day: _____

Unlock Time: _____ Relock Time: _____

Last Day for Usage: _____ Deposit: \$ _____ M/O Check
(circle one)

Key to be returned no later than: _____

Key Returned: YES NO (circle one) Deposit Return: YES NO (circle one)

Date of Key Return: _____ Date deposit returned: _____
(Both parties to initial) (Both parties to initial)