



ELEVATOR KEY REQUEST FORM
Muslim Center of Middlesex County
1000 Hoes Lane. Piscataway, NJ 08854

Date: _____
Deposit Paid _____ (for office use only)

Date: ____/____/____

First Name (Key holder): _____

Last Name (Key holder): _____

Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell Phone : (____) _____

E-Mail: _____

First Name (authorized user): _____

Last Name (authorized user): _____

Relationship to key holder): _____

As an elevator key holder I agree to the following conditions:

1. The elevator key will only be used by the key holder or above named authorized user.
2. The key must not be copied.
3. The key holder will be responsible for any damage caused to the elevator during use.
4. The key holder will return this key to the MCMC administrator when it is no longer needed.
5. I will pay for any charges related to a Police or Fire department response if I or any member of my family **un-necessarily** activates an elevator alarm.
6. The key holder will pay a deposit of \$25 to MCMC for this key.
7. If the key is lost, the key holder will be charged \$10 for a replacement key.

Your deposit will be refunded to you when this key is returned to the MCMC administrator.

I have read and understood the above conditions.

(Key Holder Signature)

Please submit this form along with a deposit of \$25 with the MCMC administrator to obtain elevator key.