



## KEYS HOLDING FORM

Please complete the sections below and sign to confirm your acceptance to the terms within:

CLIENT NAME	
CLIENT ADDRESS	
CLIENT TELEPHONE	
CLEANER NAME	
COMMENTS / SPECIAL INSTRUCTIONS	

**I RECEIVED KEY/KEYS OF THE ABOVE PROPERTY AND WILL TAKE CARE OF IT  
 I WILL NOT POST OR PASS KEYS TO ANYONE ELSE,  
 I AM NOT ALLOWED TO WRITE THE CLIENTS ADDRESS, ALARM CODES OR  
 PHONE NUMBER ON THE KEYS OR ON A KEY RING HOLDING THE KEYS FOR  
 SECURITY REASONS,  
 I ACCEPT FAILURE TO RETURN THE KEYS TO FIRSTMAID OR TO THE  
 CUSTOMER (OR LOSS OF THE KEYS) WILL MAKE ME PERSONALLY LIABLE  
 FOR THE COST OF REPLACEMENT OF THE KEYS AND/OR LOCKS.  
 I WILL INFORM FIRSTMAID IMMEDIATELY IN CASE OF THE LOSS OR THE KEYS  
 BEING STOLEN.**

CLEANER PRINTED NAME:

SIGNATURE:

DATE:

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