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| CAP Logo Color.png | CAPLetterhead |

**CONTRACTOR KEY AUTHORIZATION AND REQUEST**

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| Contractor Name: |  | | | | |
| Contractor Address: |  | | | | |
| Contact Name: |  | | | | |
| Company Phone #: |  | Contact Phone #: | |  | |
| Contact E-mail Address: |  | | | | |
| CAP Project Name: |  | | | | |
| CAP Project Number: |  | | | | |
| Project End Date: |  | | | | |
| Project Description: |  | | | | |
| Key Type: |  | | Quantity: | |  |
| *Terms and Conditions Release Agreement*  The individual receiving key(s) must be an authorized representative of the contractor (Recipient) and agrees to the following:  I have received a *CAP Canal Gate Key(s)* and agree not to have key(s) reproduced in any manner. Key(s) received are for CAP business only and remain the property of CAP. I will return the key(s) to Project Management upon completion of the Project or upon demand of CAP.  In the event that any key(s) are lost, stolen, or otherwise misplaced Contractor accepts the responsibility to immediately notify CAP Project Management. A $500 fee will be charged for any key not returned at the completion of the project. Protective Services will invoice the Contractor for any lost keys. Payment must be made to CAP prior to the Contractor receiving final payment. | | | | | |
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| Recipient Signature | | | | | |
|  | | | | | |
| Recipient Name (typed or printed) | | | | | |