



174 Water Street P.O. Box 325 Alden, MN 56009

Key Policy & Agreement

Date: _____

Name/Key Holder: _____

Organization: _____

Key(s) Property: _____

Key(s) Return Date: _____

I (we) understand that the key(s) must be in my possession and not be duplicated or given to any other person(s). The keys must be returned to the city by the above determined date. The city reserves the right to request the key(s) be returned at any time. If the key(s) are not returned within 24 hours of the above stated return date, the key holder could lose all privileges of checking out/using City keys and will be liable for the cost of new locks on all the doors (including cost of changing the locks), or padlock and replacement keys.

I (we) agree to follow any and all rental policies.

City of Alden Date

Key Holder/Org. Date