

ST. MARK'S EPISCOPAL CHURCH

Key Request

DATE OF THIS REQUEST _____

NAME of person responsible for use and return of the key(s):

PHONE NUMBER: (WORK) _____ (HOME) _____ E-Mail _____

ACTIVITY/PROGRAM _____

DATE(S) KEYS NEEDED: From _____ To _____

Keys needed: Courtyard Entrance to Parish Hall Nave foyer Parish Hall foyer Kitchen
 Undercroft Outside Entrance Undercroft Room No. _____
 Baxter House front door Penniman Room
 Other _____

**Please return this form to Green's Maintenance Company mailbox in Baxter House or in the Undercroft.
Ed Green will call you to set up a time for you to pick up your keys.**

To be filled out by Ed Green:

Date keys checked out _____ *Deposit amount received / initials* _____

Which key(s) checked out _____

Key(s) to be returned on _____ *Key(s) returned on* _____ *initials* _____

Key(s) returned on _____ *initials* _____

For additional information or questions:

Kathrine L. Ebert, Program Associate

118 3rd St., SE

Washington, DC 20003

Phone: 202 543 0053 X 306

Fax: 202 546 3695

stmprogmt@covad.net