



AUTHORIZATION TO DUPLICATE

Ashland Lock & Key · 220 Main St E, Ashland WI 54806
715-682-2934 · ashlandlockandkey@gmail.com

This form must be filled out by both the person authorized and the business authorizing the duplication of keys that are stamped: DO NOT DUPLICATE, DO NOT COPY, UNLAWFUL TO DUPLICATE, OR ANY OTHER SIMILAR WORDING. Any keys presented for duplication with tape, paint, or anything covering the head will be removed.

Photo Identification Required for Person Authorized to Duplicate Keys:

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Drivers Lic #/Photo ID: _____ State: _____

Permission Required by Authorized Business Personnel to Duplicate Keys:

Authorized Personnel's Full Name: _____

Auth. Personnel's Email: _____

Auth. Personnel's Phone: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Key Blank Description: _____ Key Qty Needed: _____

I hereby certify that I have the authority to order the above described key(s) duplicated. I agree to absolve Ashland Lock & Key and their employees of any criminal or civil action resulting from illegal use of this/these key(s).

Signature of Auth. Personnel: _____ Date: _____