

## **East Phillips Improvement Coalition Key Use and Security Code Agreement**

Please review this agreement and fill out all the information requested on the second page of this form. Please have this form signed by an office manager or director of your organization.

I understand possessing the security code and key for the EPIC office allows me access during non business hours and is issued to me personally through my employer. Access to the building is not allowed between the hours of 12:00 A.M. and 5:00 A.M.

- I will not share the EPIC security code or key with another person.
- I will not make a copy of the EPIC key.
- I will not allow access to another person, unless the person is here on business with me.
- Should I no longer be employed by SHRS, or if EPIC and SHRS terminate the Memorandum of Understanding regarding the use of the EPIC office, I will return the EPIC office key.

### Entering:

- Upon entering the EPIC office using the key, the security device will begin beeping and I will have sixty seconds to enter the security code into the device

### Exiting:

- When I am ready to exit the EPIC office I will turn the security device to 'away' mode and enter the security code. I will then have 60 seconds to exit the office space and lock both locks on the EPIC door.
- It is my responsibility to make sure that the security device is activated in the correct mode and that the door is securely shut and locked.

If during the use of the EPIC key and security code, I inadvertently cause an alarm and EPIC is charged a fee by the security company, I, or my employer, agrees to pay the fee for responding to the resultant false alarm. This fee is subject to change but is currently \$100.

Any lost or stolen keys can be replaced at a charge of \$5.

Please fill out this form completely.

Name: \_\_\_\_\_

Organization affiliation: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

By signing below, I stipulate that I have read the terms of this agreement, and agree to these conditions.

\_\_\_\_\_  
Signature of Office Manager or Director

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of person with key and code access

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature