

Master Locksmith Association Key (MLAK) application

Your Details

Surname

Given Name/s

Address

Suburb/Town

State

Postcode

Telephone Number

Mobile Number

Email

Supporting Documentation Required

Written Authority to obtain key has been provided by:

- A Doctor or hospital
- A Disability Organisation
- A Community Health Centre
- The Centre Management or owner of the building with an accessible toilet on site.

Signature

I agree to notify Council should the key be lost or stolen and/or to return the key if it is no longer required.

Signature

Date

How to lodge this form

Completed form is to be lodged at our Customer Service Counters between 8.30am and 4.30pm Monday to Friday (excluding Public Holidays)

Office use Only

Amount Received \$

Receipt No.

Key No. Issued

Date

Documentation sighted by (CSO)