LAW SOCIETY
OF THE NORTHWEST TERRITORIES

YELLOWKNIFE COURTHOUSE ELECTRONIC KEY CONTROL FORM

PROPER SECURITY OF THE COURTHOUSE IS THE RESPONSIBILITY OF ALL USERS.

FULL NAME: _____

FIRM: _____

TERMINATION DATE: _____ **OR INDETERMINATE:** ☐

ACCESS LEVEL: **Front Doors** (24/7) **Resource Centre (4th Floor)**, (24/7) **3rd Floor** (24/7)
2nd Floor (Weekday Lunch Hour Only)

USER AGREES TO THE FOLLOWING TERMS:

1. I will not lend my personal electronic key without authorization;
2. If the electronic key is lost or stolen, it will be my responsibility to notify the Law Society the next working day. The Law Society will then notify the Director of Court Services at 867-767-9285.
3. I will return the key when requested to do so by the Law Society **OR** when I permanently leave the jurisdiction.
4. The above information and key activity will be recorded in a database.
5. I will not grant access to any other person or allow any other person to enter the Courthouse.

_____ _____

Signature Date

OFFICE USE ONLY	
KEY NUMBER: _____ **ISSUED BY:** _____ **ACTIVATION DATE:** _____ **DEACTIVATION DATE:** _____	**NOTES:**