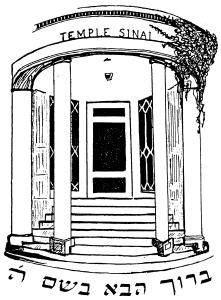

Temple Sinai

509 Broadway P.O. Box 1045 Saratoga Springs, NY 12866 (518)584-8730
www.templesinai-saratogasprings.org
templesinai@nycap.rr.com

Rabbi Linda Motzkin
Rabbi Jonathan Rubenstein

Temple Sinai Key Request

Date_____

Name_____

Street Address_____

City, State, Zip_____

Home phone_____

Work phone_____

Cell phone_____

E-mail address_____

I am requesting an entrance key to gain access to Temple Sinai. I will not duplicate this key and will use good judgment in keeping it secure.
I agree to pay Temple Sinai a **$25.00** deposit which will be refunded upon return of the key.

Signature of key holder_____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

The above named individual is authorized to have access to the temple and may have a key for use in conducting temple business.
Executive administration signature_____

Date_____

Key type: 1_____or 2_____
Key number_____
Purpose for Key_____
Date key returned _____ given to _____
Deposit made by cash_____ or check number_____