



**FACILITIES MANAGEMENT CENTER
KEY AND LOCK REQUEST FORM**

DIRECTIONS: This form must be signed by the Department Head. Return form to the Facilities Management Office, Fax 3-2050

REQUESTER DATA:

Requester Name: _____
Department: _____
Phone Number: _____
Email: _____
Building Name: _____
Primary Room: _____

Additional Rooms and Employee Info

Room Number:	Door Number:	Person Receiving Keys:	Number of Keys:

Special Function Card Access: Starting Date:

Finish Date:

REASONS:

- 1. Additional Personnel:**
- 2. Request Card Access/ID Number on back of Card:**
- 3. Additional Security:**
- 4. Replacement for Lost or Stolen Keys (\$35.00 receipt must be attached to requisition to cover cost of rekeying lock system)**
If lost or stolen, date reported to University Police:

DETAIL:

SIGNATURES ARE REQUIRED TO PROCESS THIS REQUEST!

Requester Signature _____ Date: _____

Signature (Department Head) _____ Date: _____

Signature (Director of Facilities Management) _____ Date: _____