



KEY REQUEST /CARD ACCESSFORM FACILITY OPERATIONS

Account number to be charged: _____

Department Head Requesting: _____

Issue to: _____
Last Name First Name MI

Position: _____ Phone No _____

Reason for Request:

TO KEY CONTROL

TO CARD CONTROL

Building Name: _____

Room Number(s): _____

Name & Signature Required

Department Head/Director _____ Date _____

Unit Vice President _____ Date _____

Director, Facilities Services _____ Date _____

Card access only

Director, Auxiliary Services _____ Date _____

Building Master/Grand Master

President _____ Date _____

FOR DEPARTMENTAL USE ONLY

Issued to: _____ Key number issued: _____ Date issue: _____

1st Issue: _____ *Lost Key: _____ Duplicate Issue: _____

Missing Key Policy:

* In the event that key/s should be unaccounted for or lost, the department that requested the said key/s will be held responsible for all charges associated with re-corning and issuing new keys. A police report will be required before new keys are issued