

To the Director of Facilities Maintenance, Physical Plant Office: _____ Date: _____

Please issue a key(s) to: _____ Phone: _____

If name has changed since last key issued please list previous name: _____

Do you have other keys checked out to you? YES NO E-Mail: _____

Is this request for a replacement of a lost, broken, or stolen key? YES NO (If yes, must be accompanied by campus police report)

Access needed to Room #'s _____

Department: _____

Building: _____ (Office Use) Building # _____

Requested by: _____
(Signature of Dept. Head - **NO STAMPS**) (Print Name)

Approved by: _____
(Director of Facilities Maintenance) **Master Key must be approved by Associate Vice President of Physical Facilities**

TO OBTAIN KEY(S)

1. COMPLETE THIS FORM
2. GET **DEPARTMENT HEAD'S** APPROVAL AND SIGNATURE, THEN **MAIL OR FAX FORM** TO FACILITIES MAINTENANCE OFFICE @9270
3. A NOTICE BY E-MAIL OR PHONE WILL BE SENT WHEN KEY IS READY FOR PICK UP
4. KEY MAY BE PICKED UP AND SIGNED FOR AT FACILITIES MAINTENANCE OFFICE

I am the person who will be using this key(s) and will be responsible for seeing that it is returned when I no longer need it.

(Signature – To be signed when key(s) received) (Date)

OFFICE USE ONLY – KEYS (ON THIS FORM ONLY) RETURNED TO FACILITIES MAINTENANCE OFFICE

TO RETURN KEY(S)

1. BRING KEYS TO THE FACILITIES MAINTENANCE OFFICE
2. SIGN AND DATE FACILITIES MAINTENANCE KEY RETURN FORM
3. FACILITIES MAINTENANCE EMPLOYEE WILL SIGN SHOWING THE KEY HAS BEEN RETURNED
4. PER REQUEST – OBTAIN A COPY FOR YOUR DEPARTMENT'S RECORDS

Key #'s _____	Return Date _____	SSC Initial _____
Key #'s _____	Return Date _____	SSC Initial _____
Key #'s _____	Return Date _____	SSC Initial _____
Key #'s _____	Return Date _____	SSC Initial _____
Key #'s _____	Return Date _____	SSC Initial _____

***If key(s) are lost, immediately notify your Department Head, University Police, and Facilities Maintenance.
New keys will not be issued unless University Police and Facilities Maintenance have been notified.***