**KEY REQUISITION FORM**

This section must be completed by the Authorizing Department. Please type or print clearly

To assure maximum efficiency in the processing of your key(s) request, please complete the form in its entirety.

Please use the four-part form provided. If you need additional forms, contact the Maintenance Department at PBX 5129.

In order for us to process your requisition, this form MUST be signed by the Department Chair or the Senior Staff person in your division.

|  |  |  |
| --- | --- | --- |
| ***Send as an email attachment to Maintenance Work Order or Darlene Tedrow***. | Date Requested |  |
| REIPIENT’S NAME |  | EXT: |  |
| Recipient is the person authorized to receive the keys and signs the form acknowledging receipt thereof. |
| Deliver To: |  | Location: |  |
|  |  |  |  |  |  |  |  |
| **THE ABOVE PERSON IS AUTHORIZED TO RECEIVE A KEY(S) TO THE FOLLOWING SPACE.** |
| QTY |  | Building |  | Department |  | Room(s) |  |
| QTY |  | Building |  | Department |  | Room(s) |  |
| QTY |  | Building |  | Department |  | Room(s) |  |
|  |  |  |  |  |  |  |  |
| Key(s) issued on a temporary (interim) basis, MUST be returned to Maintenance Department by the following Date |  |
|  |  |  |  |  |  |  |  |
| Approved By |  | Authorizing Department Chair or Senior Staff |
|  |  | (Signature Required) |  |
| Charge to ACCOUNT NUMBER(S) |  |
|  |
| THIS SECTION MUST BE COMPLETED BY THE MAINTENANCE DEPARTMENT |
| **KEY** | **CHARGE** | **DATE** | **CREDIT** | **DATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| THIS SECTION MUST BE SIGNED BY THE KEY RECIPIENT UPON RECEIPT OF KEY(S)I acknowledge receipt of the above listed key(s) described and agree to the following policies and conditions ...1.) I will not lend this key(s).2.) I will not permit this key(s) to be duplicated.3.) In the event this key(s) is lost, I will report it Immediately to the Maintenance Department at PBX 5129.4.) I will return this key(s) to the Maintenance Department when it Is no longer needed for my college duties, or upon the return date listed above, |
| Recipient’s SIGNATURE (Required) |  | Date |  |
|  |