## **Inside Vendor/Contractor - Key Request Form**

NEW KEY REQUEST  Department is Charged				DAMAGED KEY REPLACEMENT No charge if key is returned					LOST KEY REPLACEMENT  Ven/Cont. payment is required			
Type of key requested												
Temporary Key – Daily Sign Out  Temporary Key – Long Term Sign Out – Date to be returned  Requires Approval of Associate Vice President of Facilities												
Designated Requestor Information												
Name					Department							
Phone					Email							
Bldg.	ldg.			FOAPAL # MUST BE COMPLETED		Fund		g	Account	Program		
Room #									714700			
Key Recipient (Limit one person per form) As appears on Valid Photo ID - Driver's License, Passport, USA ID												
			M.I.	Last Name								
Jag Number	Jag Number		Email						Phone			
Department	ent				Employee Title							
Building						Ro			Room #			
Vendor/Contractor												
Vendor/Contractors will be responsible for all charges related to rekeying/recoding buildings due to lost keys or keys not returned as agreed.												
Key Requested												
Key # (Optional)			Building						Ro	oom #		
AUTHORIZ	ED BY	<i>I</i> Department	Head , Dea	n , Vic	e President	-						
Signature				P	rint Name				Da	ate		
Signature				P	rint Name				Da	ate		
ONLY REQUIR	ED FO	R: Temporary Key -	Long Term	sign (	out							
AVP of Facilities P					rint Name							
Signature				•					Da	ate		