

UtahStateUniversity®

BLANDING

Key Request Form

Individuals who fail to return keys will be charted for any necessary rekeying or lock work needed to ensure the security of area(s) to which they had access.

Date _____ Department Requesting Key _____

Key/Combination requested for room # _____

Person responsible for key or combination

Last Name _____ First Name _____ Initial _____

Street or PO Box _____ City _____ Zip Code _____

Telephone/Extension _____

Required Signatures

Faculty Coordinator/Supervisor _____

Vice President/Associate Vice President _____

Facilities Manager _____

Return this completed form to the facilities manager and pick up keys in person.

Key Number _____

Signature _____

Date _____