**KEY / LOCK REQUEST**

Facilities Management – Box 6909 – Phone 831-7800 – Fax 831-7783 – facilities@radford.edu

Submitted By: Date:

Building: Department:

Phone: Charge to Org. Code

[ ]  New Key Issue [ ]  Key/Core Replacement [ ]  Damaged Key Replacement

[ ]  Lost Key Replacement [ ]  Install New Lock [ ]  Repair Lock

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Key Number (if known) | Quantity | Door or Room Number | Full Time Faculty/Staff(whom key is to be assigned to) | RU ID | Email |
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Additional description/notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*The undersigned acknowledges receipt of the above keys. Keys must be retained in the possession or control of the authorized employee. Keys that are no longer needed, or have become obsolete, must be returned to Facilities Maintenance & Operations. Lost/stolen keys must be reported immediately to their supervisor, Facilities Maintenance & Operations, and the Radford University Police Department. Departments will be responsible for costs incurred to secure an area when a key is lost.*

Key(s) received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approvals

Dean / Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman / Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief of Police \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(for Control and Grand Master key requests)*

\*\*To be completed by Facilities\*\*

W/O #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AiM [ ] Keystone [ ]