**KEY / LOCK REQUEST**

Facilities Management – Box 6909 – Phone 831-7800 – Fax 831-7783 – [facilities@radford.edu](mailto:facilities@radford.edu)

**\*Please complete a separate form for each individual needing a key\***

Submitted By: Date:

Building: Department:

Phone: Charge to Org. Code

Email: Date Needed:

New Key Issue  Key/Core Replacement  Damaged Key Replacement

Lost Key Replacement  Install New Lock  Repair Lock

Key to be assigned to: (Required for New Key Issue or Replacement)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ RU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Key Number  (if known) | Quantity | Door or Room Number |
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|  |  |  |
| --- | --- | --- |
| Key Number  (if known) | Quantity | Door or Room Number |
|  |  |  |
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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

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

W/O #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_