

KEY REQUEST FORM
GCRL Physical Plant

Date: _____

SEND COMPLETED FORM TO: Physical Plant

NAME (of person receiving key(s)) _____ DEPT _____

OFFICE LOCATION _____ PHONE _____

Keys requested because:

- New Employee
 Replacement
 Additional
 Other Reason _____

Access Needed for:

BUILDING/AREA	RM NUMBER	KEY NUMBER

Issue of keys authorized by (Sign by corresponding line):

 SUPERVISOR DEPT CHAIR DIRECTOR

 BUILDING SUPERVISOR DEPT CONTACT PHONE

Physical Plant Office Use Only

Date Request was Received: _____	Key(s) Issued to: _____
Keys sent via: _____	Key(s) Sent to: _____
Date Approved: _____	By: _____
Keys Returned on: _____	