KEY REQUEST FORM
GCRL Physical Plant
SEND COMPLETED FORM TO: Physical Plant

NAME (of person receiving key(s)) ____________________________

OFFICE LOCATION ____________________________

DEPT ____________________________

PHONE ____________________________

Keys requested because:

☐ New Employee ☐ Replacement ☐ Additional

☐ Other Reason ____________________________

Access Needed for:

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<tr>
<th>BUILDING/AREA</th>
<th>RM NUMBER</th>
<th>KEY NUMBER</th>
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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: ____________________________