

KEY/LOCK CHANGE REQUEST

Building Name(s):	Room No(s):	#Key(s):	#Lock(s):	Charge:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total:	_____

I understand that the above requested key(s) and/or lock change will be billed at the following rates:
 New lock cylinder & two keys: \$50.00 Additional keys for existing lock: \$10.00 Replacement for broken key: \$0.00

I understand that funds must be transferred from my department account # _____ to the Facilities Services locksmith account #11-90-30105-71208. Transfer of funds to cover the billing must take place in the month service is completed.

I certify that my department head has agreed to these charges to his/her department account.

Reason: _____

Please note that in the case of a broken key, old key needs to be swapped for new. Please note if they are additional faculty or staff. Previous occupant of the office or room should provide key to new occupant, therefore, a new key should not be necessary.

(Requester Signature)	(Date)
(Printed Name)	(Phone)
(Department)	(Requester or Contact E-mail)
(Department Head)	(Contact Phone)

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(Campus Police Approval Signature)	(Date)
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Facilities Services Work Order # _____