

KEY REQUEST FORM

(Index: 5000:30:01 Effective date 1/1/98)

(Please fill out completely and obtain all required signatures before submitting)

KEY HOLDER NAME: _____

New / Current / Returning Employee - Email: _____

Building, Office/Room Number: _____

School or Department: _____

Phone Numbers: Home/Cell: _____ Work: _____

REQUESTING KEYS / CARD ACCESS TO:

(For card access activation please provide the number after the 6B* from the back of your employee id)

BUILDING(S): _____ **ROOM(S):** _____ **Outside: id#** _____

Requesting keys/access to other areas (identify): _____

Account # to charge keys to (department): _____

REQUIRED SIGNATURES:

Key Holder signature: _____ Date: _____

Dean / Director: _____ Date: _____

Authorized By: _____ Date: _____

Appropriate V. P. or President

AND

Facilities Operations Director: _____ Date: _____

Return this form to Physical Plant office MA301 or scan email to: lcook@caspercollege.edu

For Office Use Only

Date WOs Submitted/Approved By: _____

Building Access/IT Ticket # _____ WOID # _____

Notification: Email / Phone / Other – Date(s) Notified: _____

Keys picked up by: _____ Date: _____

Inter-campus mail to: _____ Date: _____

Signed Key Card received Date: _____

(Revised 7/2021)