KEY REQUEST

Person Requesting:	Phone #:		
Address:	City:	Zip Code:	
Department/Division:		Office Ext:	
Reason for Request:			
Check one:			
Faculty			
Classified			
Management			
Broken Key Replaceme	ent (attach broken key to reques	et)	
	(\$10.00 replacement fee must b		
Lost Videx Key Replace and receipt must be atta	` _	ee must be paid to Cashier's Office	
Do you presently have COS keys as	• /	No	
Keys you are requesting:		Office Use	
Room #	Key Cut #	Key Panel	
Room #	Key Cut #	Key Panel	
Room # File/Cabinet		Key Panel	
Lost Keys: Immediately report lost keys to D A fee of \$10.00 per replacement k A fee of \$100.00 per replacement Possession of Keys: Keys shall not be loaned to any per Keys shall not be duplicated. Keys shall be returned to District	istrict Police tey and/or \$40.00 per cylinder lock rep Videx key will be charged if lost.	placement/change is charged for all lost keep to the sequoias.	
Person Requesting:		_ Date:	
Supervisor:		_ Date:	
Vice President:(Required for grandmaster or buildi	ng master keys only)	Date:	