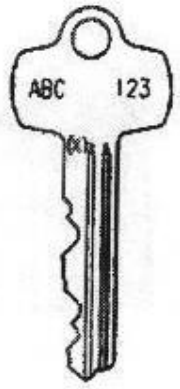




Facilities Management
615 Gilbert Graves Drive
Murray, KY 42071

Phone: 270-809-4291
Fax: 270-809-6270



Key Request and Lock Change Form

Requestor:

Name: _____
Phone: _____
E-mail: _____

Date: ____/____/_____
Department: _____
FOAPAL: _____

Requests for Keys:

Is this a lost or stolen key replacement? Yes ___ No ___

| Name of Person Receiving Key | M # | Number of Keys | Building | Room | Key Identifier ABC 123 (X) |
|------------------------------|-----|----------------|----------|------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Request for Lock Changes:

| Building | Room / Location | Current Key ABC 123 (X) | Instructions |
|----------|-----------------|----------------------------|--------------|
| | | | |
| | | | |
| | | | |

Authorizations:

| | | | |
|------------|----------------------|-----------|----------------|
| _____ | _____ | _____ | ____/____/____ |
| Print Name | Dean/Director | Signature | Date |
| _____ | _____ | _____ | ____/____/____ |
| Print Name | Building Coordinator | Signature | Date |

Do you authorize a person other than the applicant to pick up keys?

Yes No

FAX COMPLETED FORM TO FACILITIES MANAGEMENT (6270)

For Office Use Only

Signature at time of Keys received

____/____/____
Date