

BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)

Ext: 6-1371

Mail Stop: 1270

Fax No: 6-1892

KEY REQUEST/ LOST/ STOLEN OR RETURN FORM

KEYS ARE A SECURITY ITEM, NOT A CONVENIENCE (PLEASE MAKE READABLE)

KEYHOLDER NAME: _____ KEYHOLDER PHONE # : _____
 POSITION: _____ DEPARTMENT: _____
 EMPLOYEE / STUDENT ID #: _____ EMAIL ADDRESS _____
 DEPT. CONTACT _____ CONTACT PHONE # _____

KEY REQUEST

All key requests require a Department Head, Department Chair or Dean's personal signature. (Signature stamp or authorized signature not acceptable.) Generally, it takes about 3 businessdays to process a Key Request and make the key. You will be called when your key is ready. Only the person for whom the key was requested will be able to pick it up unless previous arrangements are made. A picture ID is required.

Department Head/Chair/Dean Print Name: _____ Date: _____ Ext: _____

Department Head/Chair/Dean Signature: _____ Date: _____

KEY INFORMATION

Building Name <i>(Please do not abbreviate)</i>	Building Room	Key Number <i>If requesting a cabinet key, enter numbers on the lock.</i>	HOOK # <i>(office use only)</i>

LOST / STOLEN KEY REPORT

The above key(s) were lost or stolen on _____ at/from _____.

(Reports of lost/stolen keys are forwarded to: _____ MAIL STOP _____
 Dept. Head _____
 Dean of the School _____
 University Security 1291
 Risk Mgmt. 1240
 VP of Finance & Admin 1200

KEY RETURN

No signature is required. Please complete the information above & tape the keys to the form.

OFFICE USE ONLY

TRANSACTION COMPLETED BY _____ DATE _____