

BSU FACILITIES OPERATIONS & MAINTENANCE (FO&M)

svcreqs@boisestate.edu 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 business days 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

Risk Mgmt.

VP of Finance & Admin

1291

1240

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 _____