

Key Requisition Form



Name: Print Full Name Print Full Name Print Full Department / Company Name Recommended By: Print Full Name Contact #: Ext. or Phone # Print Full Department Name Today's Date: MM/DD/YYYY Contact #: Ext. or Phone # PART B – Key Cutting Information: If Key Requisition Form is not filled out correctly, this will cause delay in services. Bldg. Name Room Number (1 room # per row) Key Code (1 funknown, leave blank) Qty. of Key(s) Duration ONE Key Requisition Form per building OTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until et confirmation of their return to Facilities Management and Planning, Keys shall not be loaned. Lost or stolen keys us to be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services SS) at Ext. 3612. PART C – Authorization Information: Dee completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designate Authorized By: Signature: Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: Sey Received By: Print Full Name MM/DD/YYYY Signature:	PART A – Requester	Information:				
Recommended By: Print Full Name	Name:	Print Full Nama		_	Print Full Dana	urtment / Company Name
Today's Date:	Recommended By:	Timeranivame			тинстин Берс	intinent y company Name
ART B – Key Cutting Information: If Key Requisition Form is not filled out correctly, this will cause delay in services. Bldg. Name Room Number (1 room # per row) (f unknown, leave blank) Qty. of Key(s) Duration ONE Key Requisition Form per building DTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until e confirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys us to be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services (SS) at Ext. 3612. ART C – Authorization Information: be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designate Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: By Received By: Today's Date: Print Full Name Today's Date: MM/DD/YYYY MM/DD/YYYY	ecommended by:	Print Full Name		_	Print Full Department Name	
ART B – Key Cutting Information: If Key Requisition Form is not filled out correctly, this will cause delay in services. Bldg. Name Room Number (troom # per row) (funknown, leave blank) Qty. of Key(s) Duration ONE Key Requisition Form per building Wey Requisition Form per building OTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until econfirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys stable per potential immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services (S) at Ext. 3612. ART C – Authorization Information: be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designated Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: By Received By: Today's Date: Print Full Name Today's Date: Today's Dat	Today's Date:		Co	ntact #: _		
If Key Requisition Form is not filled out correctly, this will cause delay in services. Bidg. Name Room Number Key Code (1 room # per row) (# unknown, leave blank) Qty. of Key(s) Duration		MM/DD/YYYY			E	xt. or Phone #
Bldg. Name Room Number (I room # per row) (If unknown, leave blank) Qty. of Key(s) Duration	ART B – Key Cutting	Information:				
ONE Key Requisition Form per building DTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until e confirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys ust be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services ss) at Ext. 3612. ART C – Authorization Information: The completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designate Authorized By: Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: Print Full Name Today's Date: MM/DD/YYYY MM/DD/YYYY	If Key Re	quisition Form is not	filled out correctly, th	nis will cau	ise delay in s	ervices.
DTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until e confirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys ust be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services SS) at Ext. 3612. PART C – Authorization Information: De completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designated Authorized By: Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: Today's Date: Print Full Name MM/DD/YYYY	Bldg. Name		•	Qty. o	of Key(s)	Duration
DTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until to confirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys state be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services (S) at Ext. 3612. ART C – Authorization Information: be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designated Authorized By: Print Full Name One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: Bey Received By: Print Full Name Today's Date: MM/DD/YYY	Key Requisition Form					
ART C – Authorization Information: be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designator Authorized By: Print Full Name	confirmation of their	return to Facilities Mar	nagement and Planning	g. Keys sha	ll not be loan	ed. Lost or stolen keys
be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designate Authorized By: Signature:		an Information.				
Authorized By: Print Full Name			dont Door of Fourth	. Diagratica	of Double and	Var. Cantual Basimate
One Key Requisition Form per Authorized Key Holder. Form will not be accepted if altered. PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: Ey Received By: Print Full Name Today's Date: MM/DD/YYYY	be completed by the	President, vice-Presi	dent, Dean of Faculty	, Director	of Dept. or i	Key Control Designate
PART D – Authorization Information: TO BE COMPLETED UPON PICK UP: ey Received By: Print Full Name Today's Date: MM/DD/YYYY	Authorized By:	Print Full Name	Siį	gnature: _		
TO BE COMPLETED UPON PICK UP: Sey Received By: Today's Date: Print Full Name MM/DD/YYYY		•		-	lolder.	
Today's Date: Print Full Name Today's Date: MM/DD/YYYY	PART D – Authoriza	tion Information:				
		TO BE C	OMPLETED UPON P	PICK UP:		
	ey Received By:		Today	's Date: _		and a hage
		Print Full Name			I	MM/DD/YYYY