

PART A – Requester Information:

Name: _____
Print Full Name _____
Print Full Department / Company Name

Recommended By: _____
Print Full Name _____
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 <small>(1 room # per row)</small> | Key Code <small>(if unknown, leave blank)</small> | Qty. of Key(s) | Duration |
|------------|--|--|----------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



ONE
 Key Requisition Form
 per building

NOTE: All keys are the property of Carleton University. Keys are the responsibility of the Authorized Key Holder until the confirmation of their return to Facilities Management and Planning. Keys shall not be loaned. Lost or stolen keys must be reported immediately to Facilities Management & Planning (FMP) at Ext. 3668 and Campus Safety Services (CSS) at Ext. 3612.

PART C – Authorization Information:

To be completed by the President, Vice-President, Dean of Faculty, Director of Dept. or Key Control Designate:

Authorized By: _____
Print Full Name Signature: _____

**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:

Key Received By: _____
Print Full Name Today's Date: _____
MM/DD/YYYY

Signature: _____