Key Requisition Form

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 (1 room # per row)	Key Code (if unknown, leave blank)	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: _____

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