

Facilities Management Key Request

Date Requested: _____

Date Received: _____

Requesters Title _____

ASU ID: _____

Name: _____

Contact # _____

Requesters Department: _____

FOAP: _____

Key Information

Building: _____

Room/Door#: _____

Key # (If known): _____

New Key Cut or Re-assign: _____

Old Key Holder Name (If Known): _____

I, the undersigned, by accepting the identified key, hereby agree to take diligent care and promptly report and loss thereof. I further agree not to give possession of said key to any other person, nor cause or allow any copies to be made of said key. I understand that any violation of this agreement may result in disciplinary action by the Administration of this institution.

Estimated replacement value of this key is \$25 per lock that key operates.

Employee Signature: _____

Dept.Chair/Supervisor: _____

Dean/Director: _____

Facilities Use Only

Core Mark: _____

Key Level: _____

Key # : _____

Work Order # : _____

Key Way: B / RC _____

FM: _____ Date: _____