

KEY / LOCK REQUEST

Facilities Management – Box 6909 – Phone 831-7800 – Fax 831-7783 – facilities@radford.edu

Submitted By: _____ Date: _____

Building: _____ Department: _____

Phone: _____ Charge to Org. Code _____

- New Key Issue Key/Core Replacement Damaged Key Replacement
 Lost Key Replacement Install New Lock Repair Lock

Key Number (if known)	Quantity	Door or Room Number	Full Time Faculty/Staff (whom key is to be assigned to)	RU ID	Email

Additional description/notes: _____

The undersigned acknowledges receipt of the above keys. Keys must be retained in the possession or control of the authorized employee. Keys that are no longer needed, or have become obsolete, must be returned to Facilities Maintenance & Operations. Lost/stolen keys must be reported immediately to their supervisor, Facilities Maintenance & Operations, and the Radford University Police Department. Departments will be responsible for costs incurred to secure an area when a key is lost.

Key(s) received by: _____ Date: _____

Approvals

Dean / Director _____ Chairman / Supervisor _____

Vice President _____ Maintenance _____

Chief of Police _____ (for Control and Grand Master key requests)

To be completed by Facilities

W/O #: _____ Notified: _____ AiM [] Keystone []