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|   | Key Requisition Form | **Facility Request Problem ID #**(Assigned by Facility Operations) |
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| Please complete the information requested below, print the form, and obtain the proper authorization. Once signed, please email the form to **Facility Operations** at facilityoperations@udmercy.edu. Incomplete forms will be returned to the requestor without processing. **Please Note:** If this request is for an **exterior door** of the building, please email the form directly to **Public Safety** at publicsafety@udmercy.edu. |
| Requestor's Complete Name:      | Requestor's College or Department:      | Requestor's Office Phone:      |
| Requestor's Building:       | Requestor's Room Number:     | Exterior Door?  Yes [ ]  No [ ]  |
| College or Department to Charge:      | FOAPAL:     -    -7176-    -     -      |
| Quantity | Name of Employee to Receive Key(s) | T# of Employee to Receive Key(s) | Intended Area of Access | Reason for Key Request(If “Spare” or “Other” please explain in your initial email) |
|     |       |       |       | [ ] Broken [ ] New [ ] Lost [ ] Stolen [ ] Spare [ ] Other |
|     |       |       |       | [ ] Broken [ ] New [ ] Lost [ ] Stolen [ ] Spare [ ] Other |
|     |       |       |       | [ ] Broken [ ] New [ ] Lost [ ] Stolen [ ] Spare [ ] Other |
|     |       |       |       | [ ] Broken [ ] New [ ] Lost [ ] Stolen [ ] Spare [ ] Other |
|     |       |       |       | [ ] Broken [ ] New [ ] Lost [ ] Stolen [ ] Spare [ ] Other |
| Dean/Department Head/Director's Printed Name:      |
| Dean/Department Head/Director's Authorizing Signature: | Date: |
| **Section Below to be Completed by Public Safety/Facility Operations** |
| Public Safety Authorizing Signature (For exterior doors only) | Badge Number:      | Date:      |
| Key Pickup Signature: | Date:       | Keys Delivered By:      | Date:       |
|  | Revised 4/14/21 |