OROVILLE UNION HIGH SCHOOL DISTRICT

FACILITIES DEPARTMENT

KEY REQUEST FORM

To receive prompt service, complete and attach this form to the district work order system at least 5 days in advance.

☐ Staff ☐ Administration ☐ Other _____

Request For:

Name: Date:

Department: Phone #: Email:

Requested By:

Name: Phone #: Email:

(Enter site and room number or the key number if available)

SITE:	ROOM #:	KEY #:	ISSUE TYPE:

AUTHORIZATION

AUTHORIZED SIGNERS NAME: _____
(Please Print)

AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____

FOR FACILITIES USE

Site:	Room #:	Key #:	Issue Date:	Issued By:	Return Date:	Return Reason: