

Building Services Lost or New Key Request Form

New Key Request or Lost Key Report (check appropriate request) (This section to be completed by the employee (ALL fields required) and signed by Key Control Coordinator) Key Holders Name (Print) Position Site _____ Phone # _____ Lost Key Serial # Area/Room # _____ Describe why this key(s) is being requested, and the present location of any keys previously issued with the requested key serial #. Key Holders Signature Date Site Key Control Coordinator Name (Print) Date (Signature) (Thie section below to be completed by the Principal) In your opinion, if this is a lost key request, do you deem the loss as a security concern that might require rekeving of any locks to maintain security of your site? Yes No I authorize this employee to receive a new key or replacement key. Principal's /Administrator Name (Please Print) (Signature) _____ Date (Attach this form to the work order submitted via SchoolDude Maintenance Direct) Carpentry Supervisor Signature Director of Building Services Signature

201 Park Street . Columbia, SC 29201 . (803) 231-7015 . Fax (803) 231-7066