



Facilities Management 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 # _____

Area/Room # _____ Lost Key Serial # _____

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) _____

(Signature) _____ Date _____

(This 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 rekeying 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 Asset Essentials)

Carpentry Supervisor Signature _____ Date _____

Facilities Management Carpentry Manager Signature _____ Date _____