

Outside Vendor/Contractor - Key Request Form

NEW KEY REQUEST
Department is Charged

DAMAGED KEY REPLACEMENT
No charge if key is returned

LOST KEY REPLACEMENT
Ven/Cont. payment is required

Type of key requested

Temporary Key - Daily Sign Out

Temporary Key - Long Term Sign Out - **Date to be returned** _____
Requires Approval of Associate Vice President of Facilities

Designated Requestor Information

Name		Department				
Phone		Email				
Bldg.		FOAPAL # MUST BE COMPLETED	Fund	Org	Account	Program
Room #					714700	

Key Recipient *(Limit one person per form)*

As appears on Valid Photo ID - Driver's License, Passport, USA ID

First Name		M.I.		Last Name		
Jag Number		Email			Phone	
Department			Employee Title			
Building					Room #	
Vendor/Contractor						

Vendor/Contractors will be responsible for all charges related to rekeying/recoding buildings due to lost keys or keys not returned as agreed.

Key Requested

Key # <i>(Optional)</i>	Building	Room #
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AUTHORIZED BY Department Head, Dean, Vice President

Signature		Print Name		Date	
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AVP of Facilities ONLY REQUIRED FOR: Temporary Key -Long Term sign out

Print Name		Date	
Signature			

Email Form to KeyManagement@southalabama.edu



To be completed upon receipt of Padlock and/or Key(s).

Revision date: 3.8.19

Employee Signature: I certify that I have received the padlock and/or key(s)

Signature		Print Name		Date	
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