



KEY REQUEST FORM

Date: _____/_____/_____

Recipient Name: _____

Department Name: _____

Campus/Site: _____ Telephone: _____-_____-_____

Description of Key Access Required (Keys must be ordered by Building, Room#, Etc.):

Dept. Supervisor/Dean (print name): _____ Signature: _____

Dept. Supervisor/Dean Telephone: _____-_____-_____ Date: _____/_____/_____

Key Contract Information

1. Multiple keys of the same number will not be issued to departments.
2. All keys issued will be made through Facilities Services ONLY!
3. Keys must be kept in the Recipient's possession at all times. DO NOT lend your keys to anyone.
4. All keys MUST BE RETURNED, in person, to Facilities Services.
5. Upon signing the form the Key Holder acknowledges their responsibility for the security of the key(s) and room(s). The key holder will be subject to a \$50.00 replacement cost for each stolen or lost key.
6. If the keys are lost or stolen immediately contact the TMCC Police Department, 775-674-7900 and the Facilities Services, 775-673-7100

Facilities Services Use Only

Key Number	Building/Room Number	Issue Date	Return Date

Note: The Recipient/Requestor will sign below upon receiving the assigned keys. (Do not sign until you receive the keys)

Requestor's Signature: _____ Date: _____/_____/_____

Technician's Signature: _____ Date: _____/_____/_____