

Facility Services Project

Designer / Contractor Key Request

Other

Office of Facility Services

This form is to be completed by the Designer or Contractor, signed and returned to the LSU Project Manager.

PDC Project

Requestor Information				
Company Name			Title	
ast Name First Nar		ame	Driver's License or ID #	Phone Number
Email Address		Date		
Key Information				
Building	Room #	Key Code	Comments	
Building	Room #	Key Code	Comments	
Begin Date End Date Approval				
Project Manager (Printed Name)		Signature		Date
Account #				
Issuance Agreement				
I acknowledge receipt of the above listed key(s) and adhere to the key control policies and procedures as per the University Rules and Regulations:				
 A. Key(s) remain the perm B. Individuals may not loa C. Only an LSU locksmith D. Building Coordinators athe individual is author E. Upon termination of conformation of conformat	nanent proportion keys to an may duplicate the only a cized to be in portract, key(sey, plus the cized periods of experiods of experiods the Project	yone te LSU keys authorized individu the building/room s) must be returne ost to replace each extended leave or a ck Shop. Manager and LSU	uals to unlock doors, and n/area. d to the Facility Services n core that the key opera a leave of absence from t	only when they are certain that Lock Shop. A fee will be charged tes (Master Keys will open the project, the key(s) must be notified. Also, a police report Work Order.
Contractor / Designer Signature (Sign Only	Upon Receiving	Keys) Date	Contractor / Designer Signatur	re (Sign Only Upon Returning Keys) Date
Approval Signature (Facility Services Lock S	ihon)	Date		