



# Facilities Department Key & Other Access Device REQUEST FORM

*\*Please Print All Fields\**

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ UNBC ID #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

SUPERVISOR'S PHONE #: \_\_\_\_\_ TERM END DATE: \_\_\_\_\_

STAFF    FACULTY    STUDENT    TA/RA    OTHER \_\_\_\_\_

AUTHORIZING NAME (Print): \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

BUILDING/ ROOM NUMBER	OFFICE USE ONLY		
	Key Issued	Date Issued	Deposit

OFFICE USE ONLY			
<input type="checkbox"/> Physical Key	<input type="checkbox"/> TS1000	<input type="checkbox"/> Encoded	<input type="checkbox"/> AFX User# _____ OCP# _____ <input type="checkbox"/> Pinned
<b>DEPOSIT SUBMITTED</b>			
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Account Codes: Fund _____ Org _____ Acct _____			
1 <sup>st</sup> key \$35, additional keys \$10 ea – refundable when keys are returned. Fees for key replacement (\$30 ea) and rekeying (fees vary in each area) are non-refundable.			
Total \$ _____		Finance - Deposit Account Codes are 10100/5530/5586	
Budget Holder Approval (Print Name): _____			
Budget Holder Approval Signature: _____			

DIRECTOR OF FACILITIES MANAGEMENT or DESIGNATE: \_\_\_\_\_

SIGNATURE FOR RECEIPT OF KEY: \_\_\_\_\_

*KEYS ARE THE RESPONSIBILITY OF THEIR OWNER AND MUST BE RETURNED TO FACILITIES WHEN CHANGING POSITIONS, INCLUDING ALL LEAVES, TERMS AND NEW POSITIONS.*