

KEY REQUEST FORM

Procedure: Complete key request then route to immediate Supervisor and/or Dean/VP for signature. Send request to the Key Shop @ Campus Services. You will be contacted when key(s) are ready for pick up. Individual requesting key MUST sign for key(s) in person. You may contact the Key Shop at 360-442-2265.

REQUEST INFORMATION		
Name of Individual Whom Key(s) to be	e issued:	Date of Request:
Employee Identification Number:		
Job Title:	Position Type:	
Work Phone:	Office Building and Room #:	
Please list a	rea's where access is needed. Provide bui	ilding and room numbers.
Building	Room #	
Building	Room #	
Date key(s) needed:		
Please note if key(s) are not	picked up within 2 weeks of request date, you will	be required to fill out a new key request form.
Supervisor Name:	Supervisor Signature:	Date:
VP, Dean or Director Name:	VP, Dean or Director Signatur	re: Date:
If this is a replacement key for a lost/sto	len key please pay Cashiering \$25 per key or \$	\$100 for a 205 or 209 and attach the receipt to this form.
	UPON RECEIPT OF KEY(S)
Key(s) Issued:		
I,	, hereby acknowledge that I have been	assigned the above key(s) for facilities at Lower
Columbia College. I understand that I	have a responsibility for said key(s) and an	n required by College policy and procedures to assist
in proper security of these specific facilities. I will not duplicate the key(s) and will promptly notify the key shop if key(s) are lost or		
stolen. I further understand that I am required to submit the key(s) to annual audit procedures and to return the key(s) when no		
		tand if any of my key(s) are lost or stolen that I must
pay a fine of \$25.00 per key or \$100 for a 205 or 209 key.		
Signature:	ature: Date Keys Issued:	
Contact Information		
Home Phone Number:		
Mailing Address:		
City:	State:	Zip:
	UPON RETURN OF KEY(
Key(s) returned:	Date:	