|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DESK, LOCKER OR CABINET KEYS** | | | | | |
| Department Name | Department Number | Key Manager Name | Phone Number | Date | Date Recieved |
| Type of Key | # of keys needed | Key ID-letters or numbers on the lock |  |  |  |
| DESK KEY |  |  |  |  |  |
|  |  |
| LOCKER KEY |  |  |  |  |  |
|  |  |
| CABINET KEY |  |  |  |  |  |
|  |  |

**Colorado State University**

**FACILITIES MANAGEMENT**

**\*If you do not have Key ID information, please send a working key along with this form**

**\*Charges may apply**