FACILITIES MANAGEMENT

EXPERTS ♦ CARING ♦ STEWARDS
PROGRESSIVE ♦ COLLABORATIVE
We get things done and drive results

KEY REQUEST FORM

CIS/IMO DOCUMENT#

Department Name	Dept. Code	Key Manager	Phone #	Date	Reference #

Key Holder's CSU I.D. #	Key Holder's Name Last, First	EM= EMPLOYEE ST= STUDENT CN= CONT'R OT= OTHER	Lock I.D.	Bldg. #	Bldg. Name	Room #	Security # on key (key desk fills out)

Authorizing Signature:		Date:	Keys Picked up by:(**Print Name**)	Date:

Revised 10/13/2020

Print a copy to save or "save" as the document to your computer. Clicking **RED** the button will open an email to the keydesk for you to send AND clear the form for reuse.