

UNIVERSITY OF SOUTHERN MAINE  
FACILITIES MANAGEMENT

**KEY REQUEST FORM**

**CAMPUS:**

- Portland
- Gorham

**DATE:**

**KEY(S) TO BE ISSUED TO:**

*Faculty / Staff Name                      Employee ID #                      Position                      Phone Number*

*Department                                      Building                                      E-mail Address*

**KEY(S) REQUESTED:**

Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>
Building	<input type="text"/>	Room #	<input type="text"/>

Office Use Only

Key # \_\_\_\_\_ Hook # \_\_\_\_\_

Key # \_\_\_\_\_ Hook # \_\_\_\_\_

Key # \_\_\_\_\_ Hook # \_\_\_\_\_

Key # \_\_\_\_\_ Hook # \_\_\_\_\_

Key # \_\_\_\_\_ Hook # \_\_\_\_\_

**JUSTIFICATION:**

- New Employee
- Office Move
- Position Change
- Lost Key (\$25 charge)
- Contractor (FM Only)
- Other

**DESCRIBE KEY NEEDS:**

**KEY REQUEST APPROVAL:**

All key requests must be approved by the department head. Facilities Management will issue the appropriate key(s) to meet needs as identified above. Facilities Management reserves the right to reject any key requests that are unnecessary. Please refer to the key policy for further information.

*Supervisor - Print                                      Supervisor - Signature of Approval                                      Date*

*Dean/VP - Print                                      Dean/VP - Signature of Approval                                      Date*

*Facilities Management Authorization* \_\_\_\_\_

Facilities Management will notify the recipient when keys are ready. All keys will be returned to the locksmith if not picked up within 30 days of notification.

**UPON RECEIPT OF KEY(S):**

- Keys Signed For and Issued

*FM Signature                                      Date*

Office Use Only

Notified By: \_\_\_\_\_

Date: \_\_\_\_\_