



KEY REQUISITION/RETURN

Facilities Only:
 Date: _____
 WO#: _____

Individual receiving key(s) must submit this completed form to the Office of the Facilities Services via interoffice mail or email physicalplant@msun.edu. Facilities Services will notify the key holder and/or Supervisor when the key(s) is/are ready for pick up. The key(s) may only be picked up by the person whom the key(s) is assigned to at Facilities Services. Please use more than one requisition form if all keys requested do not fit.

Name of Key Owner: _____ Department Name: _____

Request:

Quantity	Building	Room	Description	Key No.

Signature of Department Head/Dean/Direct Report: _____

Signature of Building Coordinator: _____

Signature of Director of Facilities: _____

Signature of Key Owner on Receipt (at time of pick up): _____

Signature of Chancellor (Master Key Requests Only) _____

By signing this form, I accept all responsibility of the requirements listed in the key policy 903.3 and I understand that I can view and print the policy which is located on the MSUN's website <https://www.msun.edu/admin/policies/900/903-3.aspx>.

Return:

Quantity	Building	Room	Description	Key No.

Signature of Director of Facilities: _____

Signature of Human Resources: _____

Signature of Key Owner on Receipt (at time of return): _____

The above keys issued are University property and are your responsibility. Fabricating, duplicating, or modifying University keys is prohibited. DO NOT loan your key(s) to anyone. Report lost or stolen keys(s) to your Supervisor and to Facilities Services as soon as possible. Key(s) must be turned in to the Facilities Services at the end of your assignment and/or employment.