

DEPARTMENT _____ DATE _____

KEY REQUEST / RECEIPT
(SUBMIT SIGNED CARD TO FACILITIES OPERATIONS, SB#1 ROOM 1311)

PRINTED NAME _____

PHONE # _____ KEY FOR BUILDING _____

ROOM # _____ KEY NUMBER _____

DEPARTMENT MANAGER APPROVAL SIGNATURE _____

SUPERINTENDENT APPROVAL SIGNATURE _____

MUST BE SIGNED BY
Chief or Deputy Chief of Central Services _____

ALL KEY REQUEST FOR MDH MUST HAVE A PCA CODE _____

(YOU WILL BE NOTIFIED WHEN YOUR KEYS ARE READY FOR PICK-UP, YOUR KEYS WILL BE)
(ISSUED AT 301 W. PRESTON STREET, ROOM 1311)

I, UNDERSTAND. ACKNOWLEDGE RECEIPT OF THE KEYS DESIGNATED ABOVE. I ALSO AGREE NOT TO LOAN. TRANSFER. GIVE POSSESSION OF, MISUSE. MODIFY OR ALTER THE ABOVE :KEYS. I FURTHER AGREE NOT TO CAUSE, ALLOW OR CONTRIBUTE TO THE MAKING OF ANY UNAUTHORIZED COPIES OF THE ABOVE KEYS. I UNDERSTAND AND AGREE THAT VIOLATION OF THIS AGREEMENT MAY RENDER ME RESPONSIBLE FOR THE EXPENSE OF A RELOCK FOR THE AFFECTED AREAS. I ALSO UNDERSTAND AND AGREE THAT A REPEAT OFFENSE MAY RESULT IN FURTHER DISCIPLINARY ACTION BEING TAKEN AGAINST ME.

PERSON RECEIVING KEY: _____ DATE RECEIVED ON _____

(PLEASE DO NOT SIGN REQUEST UNTIL KEY IS RECEIVED)