

KEY REQUEST FORM

PLEASE REFER TO FACILITIES MANAGEMENT WEBSITE FOR INFORMATION REGARDING KEY POLICIES

Department: _____

Building: _____

Name of recipient: _____

Key Requested for: Faculty ☐ Staff ☐ Student ☐ Dept. Key Cabinet ☐

Is the use of the room changing? Yes ☐ No ☐
(i.e., faculty office to staff office or lounge to staff office, etc.)

Change: From _____ To _____

Room Number	Key Number	# of Keys Required

Account # _____

Date: _____

Departmental Authorization: _____

Departmental Contact Name: _____

(Administrative Assistant Name or Representative responsible for key distribution)

Ext. # _____

The key request form can be e-mailed to: KeysAnd.Swipe@BrockU.ca or it can be sent through interoffice mail to Facilities Management c/o Keys & Swipe.

Please allow 7 – 10 days for completion. No key request will be processed without the proper authorization by the Department's Administration.

Facilities Management will contact the Administrative Assistant when the key(s) are ready for distribution.

Keys are to be picked-up from Campus Security, Monday through Friday, from 8:30 a.m. to 4:30 p.m. Keys MUST be picked-up by the individual who is receiving the key(s). Brock University ID must be shown, and a Key Issue Authorization Agreement must be signed.

KEYS MUST BE PICKED UP WITHIN 10 WORKING DAYS AFTER NOTIFICATION.