REQUEST FOR LOCK CHANGE FORM

PLEASE REFER TO FACILITIES MANAGEMENT WEBSITE FOR INFORMATION REGARDING KEY POLICIES

Building: ____________________________________________________
Department: __________________________________________________
Room #: _____________________________________________________
Room formerly occupied by another department – Yes ☐ No ☐
Name of former department: __________________________________
Door to be keyed to the department master key Yes ☐ No ☐
Master Key #: __________ or Sub-Master Key #: __________

Room is to be used as: Please check Room to be used as: Please check
Classroom ☐ Lounge ☐
Food Services ☐ Office ☐
Laboratory ☐ Storage ☐
Library Space ☐ Student Space ☐

Individual Keys required for: ________________________________
Faculty ☐ Staff ☐ Student ☐ Department Key Cabinet ☐

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<tr>
<th>Room #</th>
<th># of Keys Required</th>
<th>Account #</th>
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Departmental Authorization:
Departmental Contact Name: __________________________________
Extension #
(Administrative Assistant Name or Representative responsible for key distribution)

The lock change request form can be e-mailed to: Keys.And.Swipe@BrockU.ca or it can be sent through interoffice mail to Facilities Management.

Please allow 7 – 10 days for completion. Call Facilities Management, Nancy Piluso, x3581 to schedule a date and possible time. 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.