



UNIVERSITY OF SOUTH ALABAMA

## Inside Vendor/Contractor - Key Request Form

☐ NEW KEY REQUEST  
*Department is Charged*

☐ DAMAGED KEY REPLACEMENT  
*No charge if key is returned*

☐ LOST KEY REPLACEMENT  
*Ven/Cont. payment is required*

### Type of key requested

☐ Temporary Key – Daily Sign Out

☐ Temporary Key – Long Term Sign Out – **Date to be returned** \_\_\_\_\_  
*Requires Approval of Associate Vice President of Facilities*

### Designated Requestor Information

Name		Department				
Phone		Email				
Bldg.		FOAPAL # <b>MUST BE COMPLETED</b>	Fund	Org	Account	Program
Room #					714700	

### Key Recipient (*Limit one person per form*)

As appears on Valid Photo ID – Driver's License, Passport, USA ID

First Name		M.I.		Last Name		
Jag Number		Email			Phone	
Department			Employee Title			
Building					Room #	
Vendor/Contractor						

Vendor/Contractors will be responsible for all charges related to rekeying/recoding buildings due to lost keys or keys not returned as agreed.

### Key Requested

Key # ( <i>Optional</i> )		Building		Room #	
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### AUTHORIZED BY Department Head , Dean , Vice President

Signature		Print Name		Date	
Signature		Print Name		Date	

### ONLY REQUIRED FOR: Temporary Key -Long Term sign out

AVP of Facilities		Print Name			
Signature				Date	

Email Completed Form to [KeyMangement@southalabama.edu](mailto:KeyMangement@southalabama.edu)

Revision date: 3/1/18