

Approval Signature (Facility Services Lock Shop)

## **Designer / Contractor Key Request**

Office of Facility Services

This form is to be completed by the Designer or Contractor, signed and returned to the LSU Project Manager.

Faci	Facility Services Project		PDC Project	Other
Requestor Information				
Company Name			Title	
Last Name	First	Name	Driver's License o	r ID # Phone Number
Email Address		Date		
Key Information				
Building	Room #	Key Code	Comments	
Building	Room #	Key Code	Comments	
Begin Date End Date				
Approval				
Project Manager (Printed Name)		Signature		Date
Issuance Agreement				
I acknowledge receipt of the above listed key(s) and adhere to the key control policies and procedures as per				
the University Rules and				
A. Key(s) remain the permanent property of Louisiana State University.				
<ul><li>B. Individuals may not loan keys to anyone.</li><li>C. Only an LSU locksmith may duplicate LSU keys.</li></ul>				
D. Building Coordinators are the only authorized individuals to unlock doors, and only when they are				
certain that the individual is authorized to be in the building/room/area.				
E. Upon termination of contract, key(s) must be returned to the Facility Services Lock Shop. A fee will be				
charged for each unreturned key, plus the cost to replace each core that the key operates (Master Keys will open multiple cores). During periods of extended leave or a leave of absence from the				
project, the key(s) must be returned to the Facility Services Lock Shop.				
F. If a key is lost or stolen, the Project Manager and LSU Facility Services must be notified. Also, a police				
report must be filed with LSU PD and a copy of the report must be attached to the FS Work Order.				
Contractor / Designer Signature (	Sign Only Upon Receivin	g Keys) Date		
Contractor / Designer Signature (Sign Only Upon <b>Returning</b> Keys)  Date				

Date