

JOHNSON KEY REQUEST FORM

DATE: / /

NAME: _____ **ID#:** _____ **PHONE#:** _____

PO BOX#: _____ **E-MAIL ADDRESS:** _____ @ **JohnsonU.edu**

STATUS: FULL-TIME FACULTY PART-TIME FACULTY FULL-TIME STAFF STUDENT
 PART-TIME STAFF SET OFF CAMPUS PERSONNEL TEMPORARY USE

List each different key being requested on a separate line. If more than one of the same key is needed, indicate quantity under key quantity. Use additional form if more than three keys are being requested.

Completed by Requestor		For OFFICE use ONLY					
Description of Key(s) Being Requested	Key Qty	Code Number	Key Number	Key Ltr	X-Tag	Red Tag	Wht Tag
1.							
2.							
3.							
Signature _____		By my signature, I accept full responsibility for all key(s) issued and I will pay \$25 for each lost or unreturned key. **ALL KEYS MUST BE RETURNED TO THE PLANT SERVICES OFFICE BEFORE LEAVING CAMPUS. <u>DO NOT</u> GIVE YOUR KEYS TO SOMEONE ELSE!!!					
Administrator Authorization		Date Assigned / /			By _____		
I:\Plant Secretary\Master\JOHNSON KEY REQUEST FORM.doc revised 06/2011		Date Entered / /			By _____		