

University of West Georgia
University Police / Locksmith Services
Key Request Form

(one request form per building please)

Date: _____

Key Holder Name: _____

Department: _____ Phone: _____

Account Number: _____

Request: () Key Replacement
 () Lock Change

Location: (Building) _____

Room#	Qty:	Room#	Qty:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Signature: _____

General Policy: Members of the Faculty, Staff, Students and Non-College Employees WHO HAVE KEYS must agree not to loan or give these keys to anyone for any reason or have them duplicated.

DO NOT WRITE BELOW THIS LINE

Request Received: _____

Date Completed: _____

Cost: _____

Locksmith _____ Date _____