



Facility Services KEY REQUEST FORM

Email: keys@mcmaster.ca

Fax: 905.572.6990

Mail: CSB-102

All non-shaded areas must be completed in full

1 REQUESTING DEPARTMENT

Date		Department		
Departmental Key Clerk Name			E-mail	
Building	Room	Phone		Account Number
Area Signing Authority Name (if applicable)			E-mail	

2 KEYS REQUESTED

Building	Room Number	Key Code <i>(if known)</i>	Key ID Number <i>(if known)</i>	Quantity to Cut

3 COST

As stated in the McMaster University Key Control Policy, the total cost of this request is: _____ key(s) x \$13.00 (cost per key) = \$ _____

4 AUTHORIZATION AND SIGNATURES

I understand that the key(s) issued to me as Department Key Clerk is/are my responsibility, remain as property of McMaster University and will not be duplicated, and will be returned to Facility Services when no longer required. I also understand that my Department is responsible for the replacement cost of keys that are lost or stolen, as well as rekeying costs as outlined in the McMaster University Key Control Policy.

Departmental Key Clerk Signature	Date
Area Signing Authority Signature (if applicable)	Date

5 RECEIPT OF KEYS

Departmental Key Clerk or Alternate	Signature	Date
Delivered by Facility Services	Signature	Date