



Facilities Department Key & Other Access Device REQUEST FORM

Please Print All Fields

DATE: _____

LAST NAME: _____ DEPT: _____

FIRST NAME: _____ UNBC ID #: _____

EMAIL: _____ PHONE #: _____

SUPERVISOR NAME: _____

SUPERVISOR'S PHONE #: _____ TERM END DATE: _____

STAFF FACULTY STUDENT TA/RA OTHER _____

AUTHORIZING NAME (Print): _____

AUTHORIZING SIGNATURE: _____

BUILDING / ROOM NUMBER	OFFICE USE ONLY		
	Key Issued	Date Issued	Deposit

OFFICE USE ONLY			
Physical Key	TS1000	Encoded	AFX User# _____ OCP# _____ Pinned

DEPOSIT SUBMITTED			
Cash	Cheque	Account Codes: Fund _____	Org _____ Acct _____
1 st key \$35, additional keys \$10 ea – refundable when keys are returned.			
Fees for key replacement (\$30 ea) and rekeying (fees vary in each area) are non-refundable.			
Total \$ _____	Finance - Deposit Account Codes are 10100/5530/5586		
Budget Holder Approval (Print Name): _____			
Budget Holder Approval Signature: _____			

DIRECTOR OF FACILITIES MANAGEMENT or DESIGNATE: _____

SIGNATURE FOR RECEIPT OF KEY: _____

KEYS ARE THE RESPONSIBILITY OF THEIR OWNER AND MUST BE RETURNED TO FACILITIES WHEN CHANGING POSITIONS, INCLUDING ALL LEAVES, TERMS AND NEW POSITIONS.