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| **Facilities Services (FS)****Lock – Key Service Request Form** | **Email completed form to:****FS-LOCKANDKEY@BERKELEY.EDU****All keys must be picked up in person. To schedule an appointment please email** **FS-LOCKANDKEY@BERKELEY.EDU** |

|  |  |
| --- | --- |
| Date of Request:  | Pick-Up Number:  |

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| --- |
| **Please Complete Below** |
| Requester Contact Information |
| Name:  |
| E-Mail:  |
| Phone:  |
| Address:  |
| Department Name:  |
| Chartstring:  |

|  |
| --- |
| **For Office Use Only (do not complete)** |
| Approval Number:  |
| Work Order Number: |
| **Processer** |
| Name: |
| Date: |
| **Recharge Information** |
| Amount: |
| Date: |

***Requester fill out below information***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Request Type** | **Quantity** | **Room(s)/Building(s)** | **Key-Core #****(optional)** | **Name of Key Recipient** |
| **Key** | **Lock** |  |  |  |  |
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***Requester fill out below information***

|  |
| --- |
| **Enter Service Description/Explanation/Details Here:**  |

|  |
| --- |
| **Department Access Controller** |
| Last Name | First Name | Signature | Date |
|  |  |  |  |
| **Customer Pickup Information** |
| Last Name | First Name | Signature | Date |
|  |  |  |  |