|  |  |
| --- | --- |
| **Facilities Services (FS)**  **Lock – Key Service Request Form** | **Email completed form to:**  [**FS-LOCKANDKEY@BERKELEY.EDU**](mailto: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: |

|  |
| --- |
| **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** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***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 |
|  |  |  |  |