

KEY REQUEST FORM

FACILITIES SERVICES NWC – Room 4800 DLC – Room B3112

Please one: ADMIN STAFF FACULTY AUX STUDENT

DATE: _____

EMPLOYEE ID NO: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

PHONE LOCAL: _____

KEYS REQUIRED		KEYS RETURNED	
ROOM NO.	KEY NO.	ROOM NO.	KEY NO.

IMPORTANT NOTE

Prior to issuing keys, all fees must be paid to the **Cashier** at NWC and the **Bookstore** at DLC.

FEES:

\$10.00 deposit is required for **STUDENTS**

\$5.00 replacement fee is required for each **LOST** or **STOLEN** key

AUTHORIZED SIGNATURE: _____