

## Facilities Services Key Request Form

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / 18

Work Order #: \_\_\_\_\_ (Call 392-1121 for a WO #)

Authorized Key Requestor: \_\_\_\_\_

Requestor's Telephone: \_\_\_\_\_

Key #	Quantity	Building Number	Room Number(s)	Department's Key Coordinator (Campus) or Key Recipient/UFID of Recipient (HSC)
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### Key Authorizations *(Please sign and date)*

Key Coordinator *(for any requested key)*: \_\_\_\_\_ / \_\_\_\_\_ / 18

Director/Building Key Master *(master keys only)*: \_\_\_\_\_ / \_\_\_\_\_ / 18

Incomplete forms will not be accepted. Work Order numbers must be included. All fields must be completed and signed. Mail, e-mail or fax completed forms to your Key Shop:

Main Campus  
PO Box 117740

Building 702, Room 124  
294-0653  
392-7483 fax

[key-shop@FacilitiesServices.ufl.edu](mailto:key-shop@FacilitiesServices.ufl.edu)

Health Science Center  
PO Box 100315

Building 204, Room AG130  
273-5959  
273-6846

[hsc-key-shop@FacilitiesServices.ufl.edu](mailto:hsc-key-shop@FacilitiesServices.ufl.edu)

*Please call or write your Key Shop if you need assistance with this form.  
"E-Mail Form" button only works in Adobe Reader or Acrobat.*