

# Facilities Services Key Request Form

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

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)<br>or Key Recipient/UFID of Recipient (HSC) |
|-------|----------|-----------------|----------------|---|
|-------|----------|-----------------|----------------|---|

## Key Authorizations (Please sign and date)

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

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

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.