

Department of Environmental Health

Key and Card Access Request

LAST NAME: _____

FIRST NAME: _____

TITLE: _____

EMAIL: _____

UCID: _____

DIVISION: _____

NEW KEY: ___ REPLACEMENT KEY: ___

ROOM NUMBER #: _____ LOCK CODE: _____

ROOM NUMBER #: _____ LOCK CODE: _____

ROOM NUMBER #: _____ LOCK CODE: _____

ROOM NUMBER #: _____ LOCK CODE: _____

24 HOUR ACCESS TO BUILDING: YES ___ NO ___

SUPERVISOR: _____

DATE: _____

COMPLETED BY: _____

DATE: _____

****PLEASE NOTE: A \$20.00 charge will be assessed for each key that is not picked up in 14 days, is lost, or not returned.**