

James Colt, Director of Safety Security

## **KEY / ACCESS / SECURITY CLEARANCE REQUEST**

This form is to acquire Keys, Access Cards, and Codes to be used in secured and/or alarmed areas. Please fill in all the information necessary and obtain the appropriate signatures. Please print legibly. All information must be filled in completely. Name Department Title \_\_\_\_\_\_ Date \_\_\_\_\_\_ Check sections that apply: Building Room# (must be provided) Are you a new employee? ves no yes Is this a replacement key? no If so, was your key lost or stolen? Please list any other keys in your possession \_\_\_\_\_ \*\* I am aware that any keys no longer of use must be returned to the Security Office\*\* please initial Building \_\_\_\_\_ Room(s) \_\_\_\_\_ II. Access Card Work hours Days of week needed \_\_\_\_\_ Building Room(s) III. Security Code Have you had a code in the past for any areas? yes no Is this code still active? yes no Write a four-digit code that you will easily remember. Supervisor's Signature \_\_\_\_\_\_ Date \_\_\_\_\_ Date \_ Assistant Superintendent \*Only necessary when requesting master level keys.