

Date of Request \_\_\_\_\_

Company Name (Print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Name \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Building Name (Where Keys Will Be Used) \_\_\_\_\_

Rm or Key # \_\_\_\_\_ Rm or Key # \_\_\_\_\_ Rm or Key # \_\_\_\_\_ Rm or Key # \_\_\_\_\_

Notes \_\_\_\_\_

Approved by \_\_\_\_\_  
Dept Chair (Signature) (PRINT) Date  
\_\_\_\_\_  
Supervising Administrator (PRINT) Date

**Form Prepared By (Required)**

Requester as above

Other (Print) \_\_\_\_\_ Phone \_\_\_\_\_

-----FACOPS USE ONLY-----

Your keys are ready to be picked up at the Facilities Operations Office. Office hours are Monday – Friday, 7:30am – 4:30pm.

Keys not collected within 60 days will be cleared from system after which a new request must be sent.

**VALID ID REQUIRED – SRJC ID NOT ACCEPTED**

Key Req# \_\_\_\_\_ Keyholder# \_\_\_\_\_

Key Stamp# \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Date \_\_\_\_\_

- Duplication of keys is strictly prohibited per CA penal code sec.469**
- Return keys to Facilities Operations or Campus Police ONLY**
- Keys must be returned as soon as possible upon completion of project or upon demand of authorized agent of the Sonoma County Junior College District**

I acknowledge that I have read and understand this agreement and received the keys listed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date