

Date: _____ Choose One: Staff Faculty Student Other
 Empl ID#: _____ Employee Name: _____
 Dept #: _____ Dept Name: _____

Building Name	Building #	Room #	Key Code (if known)

Circumstances Concerning Loss of Key(s):

Provide date and place of key loss, as best known, including all details that could possibly compromise security.

Contact Information for further details if needed:

Name: _____ Phone: _____
 E-Mail: _____

A Key Request Form will need to be filled out for replacement keys. A service request will need to be submitted to re-key a space.

Funding:

If a replacement key is not needed, please provide a fund number for the lost key costs:

You may split by percentage. If you need additional lines for funding, please list below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund	Dept #	Account #	Program #	Project #	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund	Dept #	Account #	Program #	Project #	%

Route this completed form to:

Facilities Management
Thorson Maintenance Center

Secure File Transfer:
<https://filetransfer.ndsu.edu/filedrop/>
ndsu.facilitiesmgmt@ndsu.edu

X

 Signature to authorize funding Date
Signatory must have the authority to approve depletion of funds