

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](mailto:ndsu.facilitiesmgmt@ndsu.edu)

**X**

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