Key Request Form

Date: _____ W.O. #: _____

Requestor Name (POC): _____ Tel #: _____

Location: _____

Key is being requested for: _____

Location: _____

Supervisor or A.Os name: _____ Tel #: _____

IC: _____

CAN: _____

*LAN, Data, and Phone room keys must be requested through CBITT

*Suite Entry Keys must be requested by your Admin Officer.

Room or suite # of the key requested: _____

Deliver Key(s) to: _____ Location: _____

Number of Keys needed: _____

By signing this form you acknowledge;

- That all information provided is correct.
- That in the event of key(s) being reported lost, misplaced or not returned to the OSFM upon request, your IC maybe be asked to pay for replacement locks and any associated cost for security

Signature:_____ Date:_____

****All keys remain as property of the HHS/NIH/NCI/OSFM and must be surrendered upon request by authorized agents**

Key tested and delivered by:_____ Date:_____