



Facilities Management
615 Gilbert Graves Drive
Murray, KY 42071

Phone: 270-809-4291
msu.fmkeys@murraystate.edu



Key Request and Lock Change Form

Requestor:

Name: _____
Phone: _____
E-mail: _____

Date: ____/____/_____
Department: _____
FOAPAL: _____

Requests for Keys:

Is this a lost or stolen key replacement? Yes ___ No ___

Name of Person Receiving Key	M #	Number of Keys	Building	Room	Key Identifier ABC 123 (X)

Request for Lock Changes:

Building	Room / Location	Current Key ABC 123 (X)	Instructions

Authorizations:

Print Name Dean/Director Signature ____/____/_____
Date

Print Name Building Coordinator Signature ____/____/_____
Date

Do you authorize a person other than the applicant to pick up keys?
 Yes No

EMAIL COMPLETED FORM TO MSU.FMKEYS@murraystate.edu
If this is a rush/emergency order also call 4291

For Office Use Only

Signature at time of Keys received Date ____/____/_____