

NHCC KEY ISSUE/KEY TRANSFER & LOCK SERVICE REQUEST

KEY ISSUE/KEY TRANSFER SERVICE & LOCK REQUEST 	Key #:	Hook #:
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NAME / RANK:	DEPT:	WORK PHONE:	DATE:
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KEY ISSUE TO: _____
(rank/grade) / (name)

I request the issuance of ___ key(s) to the following spaces/rooms for the reason of (i.e., new office, storage):

I accept personal responsibility for the key(s) issued and agree to notify Security immediately in the event of transfer or loss. I further agree to return the key(s) upon my transfer, reassignment of space or TAD for 30 days or more. I am taking key number(s): _____ into my possession.

(Signature of key holder)

Date: _____ Init: _____
(date & initial filled in by Security personnel)

KEY TRANSFER

From: _____ / _____ To: _____ / _____
(rank/grade) (name) (rank/grade) (name)

Amount of keys: _____ Key Numbers: _____
Room Numbers: _____

I accept personal responsibility for the key(s) issued and agree to notify Security immediately in the event of transfer or loss. I further agree to return the key(s) upon my transfer, reassignment of space, or TAD for 30 days or more. I am taking key number(s): _____ into my possession for the following reason: _____.

(Signature of key holder) (Date)

APPROVAL OF DEPARTMENT HEAD:		
Rank & Name :	Signature:	Date: