

VIMS Key Request Form

(Please complete form, print and obtain proper signatures)

To: Customer Service Center- Facilities Management Department **Date:** _____

Name: _____ **Phone Number:** _____

E-Mail Address: _____ **Banner ID. Number:** _____

Department Head: *(Print Name)* _____ *(Signature)* _____

Key Requests:

Building Name(s): _____ **Room Number(s):** _____

ID Card Access Requests: (Check All That Apply)

Chesapeake Bay Hall:	<input type="checkbox"/>		
Andrews Hall Entrance:	<input type="checkbox"/>	Room 120:	<input type="checkbox"/>
		Room 122:	<input type="checkbox"/>
Davis Hall Entrance:	<input type="checkbox"/>	Garage/Lab:	<input type="checkbox"/>
Facilities Management:	<input type="checkbox"/>	List Area:	_____
Seawater Research Laboratory: Front Entrance:	<input type="checkbox"/>	Side Entrance:	<input type="checkbox"/>
		BSL:	<input type="checkbox"/>
SRL Director: <i>(Print Name)</i>	_____	Signature:	_____
Marine Safety Office: Boat Basin Side Entrance:	<input type="checkbox"/>		
Marine Safety Officer: <i>(Print Name)</i>	_____	Signature:	_____
ITNS Equipment Rooms:	<input type="checkbox"/>		
ITNS Director: <i>(Print Name)</i>	_____	Signature:	_____

Facilities Management Use:

Maintenance Equipment Rooms: **Famis Updated:** _____

Date Request Received: _____ **Key Numbers:** _____

Date Keys Delivered: _____ **Date Access Card Programmed:** _____