

# Vendor/Contractor Key Authorization Form

FACILITIES MANAGEMENT DEPARTMENT

University of North Dakota

(Office Use)
Clock # _____
Project # _____

**\*\*Please allow 72 hours for request to be filled\*\***

## DEPARTMENT

Business Name:		
Street Address:		
City:	State:	Zip:
Telephone:	Cell:	
Name(s) of individual(s) authorized to pick up key(s):		
Last Name:	First:	
Last Name:	First:	
Reason keys are needed:		

*Vendors and Contractors will be required to check out a key from the Operations Center (Facilities Management Room 110) for any work that requires a key for any building. Vendor/Contractor will also be required to return the key to the Operations Center each day prior to leaving the Campus. (UND Policies and Procedures: Access to and Security of Campus Facilities) **\*\* Failure to return a key will result in a fee.***

*A picture ID will be required when picking up keys. If keys are not returned, Facilities Management reserves the right to change lock cores on all affected doors and the costs will be borne by the Vendor/Contractor. All lost keys shall be reported to Facilities Management immediately. Absolutely NO duplication of keys are permitted.*

*(If contractor cores are utilized, keys may be held for the duration of the job without being returned daily to the Operations Center)*

Business Signature Authorization: \_\_\_\_\_  
To be signed when keys are picked up

### Keys Requested - Coordinate with Lockshop prior to filling out this section

**UND Coordinator:**

**Pick up and Return Key/s Daily**       **Contractor Key:**

Building(s)	Room(s)	Key #(s)	Quantity

Date keys are needed:

Operation Center Tag #:

Date keys are to be returned:

**Facilities Administrator authorizing key issuance:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to: [und.lockshop@und.edu](mailto:und.lockshop@und.edu)**