

KEY REQUISITION

*BEIMS NO: _____

TO: FACILITIES AND SERVICES – MAINTENANCE DEPARTMENT

Please complete this form **including signatures** and return completed form to your local Facilities and Services Office using the relevant fax number provided below.

| <u>Campus</u> | <u>Phone</u> | <u>Fax</u> |
|----------------------|---------------------|-------------------|
| Berwick | 47062 | 47066 |
| Caulfield | 32066 | 32575 |
| Clayton | 51200 | 51199 |
| Parkville | 39501 | 39632 |
| Peninsula | 44298 | 44188 |

*** PLEASE FORWARD REMOTE REQUEST
VIA BEIMS AND NOTE BEIMS NUMBER
ABOVE.**

Please supply the following keys:

| Build No. | Building Name | Room No. | Key No. | Deliver to: Name | No. of Keys Req'd | Sample Key |
|------------------|----------------------|-----------------|----------------|-------------------------|--------------------------|-------------------|
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |

Account to be charged:

Cost Centre: _____ **Fund:** _____ **Account No:** _____

Approved by:

Name: _____ **Signature:** _____ **Ext:** _____ **Date:** ___ / ___ / ___

Requested by:

Name: _____ **Signature:** _____ **Ext:** _____ **Date:** ___ / ___ / ___

MAINTENANCE SECTION USE ONLY

Keys cut by:

Keys Issued by:

Signature:

Signature:

Date:

Date: