

Print

Save Form

Reset Form

KEY MANUFACTURING REQUEST		
FROM: (Shop or Activity)	TO: Department Key Custodian	DATE:
Number of Sample Keys	Number of keys to be made	Job Order Number
Name of Requester	Title (Head of shop or activity)	
<p>1. These keys (do) (do not) apply to an area under the department key control.</p> <p>2. This request is submitted:</p> <p><input type="checkbox"/> To provide additional keys for a new lock cylinder/core/padlock.</p> <p><input type="checkbox"/> To replace lost/missing key (s) for current lock.</p> <p><input type="checkbox"/> To provide additional key (s) for current lock.</p> <p>3. The lock/padlock that this key operates is located in/at:</p> <p>Building No. _____ Room No./Name _____</p> <p>4. The area/room is used for (office, storage, etc):</p>		
<p>5. Identify contents of the area/room that cause it to fall under the key control program:</p>		
REQUIRED APPROVAL (To be filled out by persons authorizing work)		
Key Custodian (Print):	Signature:	Date:
Dept Head/Bldg Manager (Print):	Signature:	Date:
Key Control Officer (Print):	Signature:	Date:

Send the request via email, security_dept.fct@navy.mil or you can hand carry request to Bldg 436, the Security office for signature.