

LOCK REPAIR/SERVICE REQUEST

Requester:	Lock Serial No:
Date:	Job Order Number: (PW Only)
Point of Contact (if different from requester):	Phone Number:
Building Number:	Room Number:

Problem:

WORK DATA (To be filled out by person performing work)

Item	Time Used
Combination:	
Repair:	
Service:	
Modify:	
Remarks:	
Date Completed:	Completed By:

REQUIRED APPROVAL (To be filled out by persons authorizing work)

Dept Head/Building Manager (print):	Signature:	Date:
Security Officer (print):	Signature:	Date:

Requester must fill out all of the boxes, except the shaded areas. Once the Dept Head/Building Manager signs the form, it can be sent via e-mail to security_dept.fct@navy.mil or hand carry to Security office at Bldg 436 for signature.