

LOCK – KEY SERVICE REQUEST FORM



Requester Information

* Room Location: _____ * Date of Request: _____
* Last Name: _____ * First Name: _____
* E-Mail Address: _____ * Phone Number: _____
* Alternate Name: _____ * Alternate Phone Number: _____

* Re-keys (Lock Shop) – Service Description/Details

REPAIR LOCK RE-KEY ROOM DOOR REPAIR PADLOCK KEYS
DESK/FILE LOCK CHANGE CIPHER LOCK

* Description of Service:

Keys Request

Qty	Key-Core #	Room(s)/Building(s)	Name of Key Recipient	Date Picked Up By (Customer)

Office and controlled space keys are issued to **HCHB federal employees only**. Keys are not issued to HCHB contractors and detailed personnel. Please pickup keys in Room 1033 from 8:30 am to 5 pm. Locksmith hours are: Tuesday and Thursday from 8am to 4 pm.

(Locksmith) Date of Completion _____

*** Required**

Name: _____

Office of Security Room 1033 Tel. (202) 482-8355 Fax (202) 482-0183

Security is Everyone's Responsibility