

Safe Request

DATE OF REQUEST:

NAME:

ROOM NUMBER:



Safes (Lock Shop) – Service Description/Details:

Change Combo: Repair Safe: Update SF-700: Surplus Safe

All Containers' are required to have a SF 700; we need the following information to complete your request:

Container Classification Level: Top Secret Secret Unclassified

(Box 3) Safe Location- Room Number _____

(Box 4) Division, Branch, or Section Office. _____

(Box 5) Container No# (this will be the barcode on the container.) _____

(Box 11)

1. Employee Name: _____

Phone Number: _____

2. Employee Name: _____

Phone Number: _____

3. Employee Name: _____

Phone Number: _____

4. Employee Name: _____

Phone Number: _____

Thank you,

LOCKSMITH

HCHB Office of Security
Client Security Service Division
HCHBSecurity@doc.gov

Name: _____

Date of Completion: _____

Fax : (202) 482-0183

Classification Level: _____