



**MSU-BOZEMAN
CONTRACTOR KEY REQUISITION**

If ADA accessibility is needed, please call
406-994-4131 for arrangements.

The Facilities Representative must submit this completed form to the Office of Facilities Services (Plew Building, 6th Ave. and Grant St., fax: 406-994-6572, email: keyrequest@montana.edu). The Facilities Representative will be contacted when the key is ready for pick up. (Please allow at least one working day for processing.) The Facilities Representative will be required to present valid and current picture ID.

<u>Section A: Facilities Representative</u>	
Name _____ <small>Print Name</small>	Request Date _____
GID # _____ <small>last 4 digits</small>	Phone _____ Email _____

<u>Section B: Please issue the following key(s) to:</u>	
Company Name _____ <small>Print Contractor or Company Name</small>	
Company Contact Name _____	Phone _____
Key#(s) _____	_____
Building _____	Room(s) _____
_____	_____
Est. Return Date _____	

<u>Section C: Facilities Representative Acceptance Signature:</u>	EMPLOYEE
Facilities Representative _____ <small>Date</small>	
The above issued keys are your responsibility. Report lost or stolen key(s) to your Building Supervisor, University Police and Facilities Services as soon as possible. Key(s) must be returned to Facilities Services at the end of your assignment and/or employment.	

<u>Section D: Contractor Acceptance Signature:</u>	CONTRACTOR
Individual Receiving Key _____ <small>Date</small>	
Acceptance of this key acknowledges agreement with the following: University keys are the property of Montana State University. Fabricating, duplicating or modifying University keys is prohibited. Doors must remain locked at all times. The use of this key to allow unauthorized persons to enter the above areas is prohibited. Loss of this key must be reported immediately to the Director, Office of Facilities Services and University Police, and may result in re-keying costs which will be charged to your company.	

<u>Section E: Approval Signatures</u>	
Director, Facilities Services _____ <small>Date</small>	
Director, Auxiliary Services* _____ <small>Date</small>	
<small>*Signature from Director, Auxiliary Services, is required for all Res Life, Family and Graduate Housing, or Strand Union Building keys.</small>	
<small>Contractor KeyReq09</small>	