

This form is to be completed by the Contractor, signed and returned to the LSU Facility Services Project Manager.

Requestor Informatio	n:			
☐ T-38 Projec	t □ PDC Project □ Oth	ner		
Company Name				Due Date
Last Name	First Name	89 #		Phone Number
Email Address				Date
Key Information:				
Building	Room #	Key Code	Comments	
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 A. Key(s) remain the B. Individuals may n C. Only an LSU locks D. Building Coordinato be in the build E. Upon termination replace each core from the project, F. If a key is lost or s 	e above listed key(s) and adhere e permanent property of Louisian ot loan keys to anyone. emith may duplicate LSU key(s). entors are the only authorized ind ing/room/area.	na State University. lividuals to unlock doors, and urned to Facility Services. A fe Keys will open multiple cores lity Services. LSU Facility Services must be	only when they are certai ee will be charged for each) During periods of extend	
Signature (Sign Only Upon I Signature (Sign Only Upon I				Date Date
Approval Signature (Facility	Services Lock Shop)		Date	