

# Contractor Key Request Form

Every non-WSU employee needing temporary access to campus facilities in order to fulfill the duties of a contract with Weber State University must complete this form.

Date Requested \_\_\_\_\_

## PROJECT INFORMATION *(to be completed by WSU Project Sponsor)*

Project Name \_\_\_\_\_

Name of WSU Project Sponsor \_\_\_\_\_

WSU Project Number *(or Work Order/Purchase Order Number)* \_\_\_\_\_ Estimated End Date of Project \_\_\_\_\_

Will this contractor need a Facilities Key (AA1 or ANE) or FM Technician Access Level in the Access Control System?

Yes *(requires signed approval of AVP of Facilities and Campus Planning; please see below)*  No

List the buildings and/or rooms for which this contractor will need access: \_\_\_\_\_

\_\_\_\_\_

Note: if requesting access to netcom rooms, [this additional form](#) will also need to be submitted.

Will this contractor need a temporary credential issued to them for use with the access control system?  Yes  No

*If electronic access is requested, please answer the following questions:*

Days of the week for which access is approved:  Any  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Timeframes for which access is approved:  24/7  6 am-5 pm  6 am-10 pm  Other: \_\_\_\_\_

▶ **Approval Signature of WSU Project Sponsor** \_\_\_\_\_

## CONTRACTOR INFORMATION *(to be completed by contractor)*

Who at this company needs access?

### COMPANY INFO

Company Name: \_\_\_\_\_

W# (if known) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_

### INDIVIDUAL FINANCIALLY RESPONSIBLE FOR KEY(S)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

email \_\_\_\_\_

Individual who will be in possession of key(s) if different than above:

\_\_\_\_\_

Signing this form is an agreement to terms of access. Please visit [weber.edu/facilities/KeyandAccessPolicy.html](http://weber.edu/facilities/KeyandAccessPolicy.html) for details.

▶ **Signature of Individual Financially Responsible for Key(s)** \_\_\_\_\_

## REVIEW AND APPROVAL FOR FACILITIES KEY *(only required for AA1, ANE or FM Tech level access)*

Approved as requested  Approved with the following modifications \_\_\_\_\_

DENIED Reason for denial: \_\_\_\_\_

▶ **Signature of AVP for Facilities and Campus Planning** \_\_\_\_\_



**KEYS CURRENTLY ISSUED TO THIS CONTRACTOR** *(to be completed by WSU FM Front Desk)*

Does this company currently have any keys issued to anyone who works for them?  Yes  No

If yes, what is total amount of deposit on file for this company? \$ \_\_\_\_\_

If yes, list all keys currently issued to anyone who works for this company.

KEY #	SEQUENCE #	NAME OF INDIVIDUAL TO WHOM KEYS WERE ISSUED

Printed name of preparer of this section: \_\_\_\_\_

**Signature of preparer of this section** \_\_\_\_\_ Date \_\_\_\_\_

**KEY(S) TO BE ISSUED ON THIS REQUEST** *(to be completed by WSU FM Lock Shop)*

KEY #	SEQUENCE #	KEY #	SEQUENCE #

Printed name of person filling key request: \_\_\_\_\_

**Signature of person filling key request** \_\_\_\_\_ Date \_\_\_\_\_

**ISSUANCE OF KEYS** *(to be completed by WSU FM Front Desk)*

# of keys issued on this request x \$100 deposit/key = total amount due.

**DEPOSIT PAID**

Amount: \_\_\_\_\_

Method of payment:  Check  Credit Card

**DEPOSIT RECEIPT INFORMATION**

Date \_\_\_\_\_

Transaction # \_\_\_\_\_

*(copy of receipt must be attached)*

Printed name of WSU employee issuing key(s): \_\_\_\_\_

**Signature of WSU employee issuing key(s)** \_\_\_\_\_ Date \_\_\_\_\_

Printed name of individual receiving key(s) and assuming responsibility for them: \_\_\_\_\_

**Signature of individual receiving key(s)** \_\_\_\_\_ Date \_\_\_\_\_