

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 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, 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 _____