

William Paterson University
Physical Plant Operations
Key Request Form
Ext: 3372 Fax: 2493

Department: _____

Chair/Director: _____ Date: _____

Key Holder's Name: _____ Ext.: _____

Please provide key number and/or building name & room # below.

Quantity	Key #	Building Name	Room #

In accepting this key(s) the undersigned assumes full responsibility for its' utilization and expressly understands that this key(s) may not be loaned, transferred or given to anyone. Upon separation of employment with the University, the undersigned must immediately return the key(s).

Chair/Director's Signature: _____ Date: _____

Key Holder's Signature: _____ Date: _____