

CONTRACTOR INFORMATION (please print clearly)

Company Name _____

Employee's Name: _____
(first and last)

Office Contact: _____ **Phone No:** _____

Phone No: _____ **Fax No:** _____

E-Mail Address: _____

The following employees require keys:

Name (First and Last Name)	Personal Identification (Company ID, Driver's License)
1.	
2.	
3.	
4.	
5.	

(All employees requiring keys must be listed)

University of Alberta Fiscal Year (April 1 – March 31)

From: _____ **To:** _____
(Month/Year) (Month/Year)

- Report lost keys immediately to Campus Security at 492-5050.
- Keys may be signed out for a maximum of 10 days only.
- When carrying University keys, they must be attached to your person at all times.
- If the keys are not on your person, then the keys must be placed in a secured lock box.
- Return all keys ONLY to the Reception area, 4th floor GSB.

Failure to return the keys within the allowable time will result in:

- the Contractor being charged for the cost to re-key a specific area or an entire building; and/or
- University of Alberta keys no longer issued to the Contractor.

I have read and understand the above statements

Signature

Print name

Authorization

Facilities and Operations

Signature

Rajesh Bali/James Allen

Print Name

Finance (Maintenance Desk)

Signature

Mary Murray - IWC

Print Name