



LOCK CHANGE REQUEST

1. Requested By: _____
(Last) (First) (MI)

A. _____
(Building) (Room Number) (Door Number)

B. _____
(Present Key) (Possible New Key)

C. Reason for change: _____

D. Who will be effected: _____

E. Changes desired: _____

F. Security Concerns: _____

2. Requesting Agency Administrator: _____
(Print Name)
Signature and Date _____
Comment: _____

DFM USE

1. Cost estimate: _____
(Parts) (Hours)

Comment: _____

2. DFM Approval:

FACILITIES OPERATIONS MANAGER: _____ Date: _____



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3. Job Completed: Date: _____ New Key: _____
(Number and Tag)