FACILITIES PLANNING AND MANAGEMENT

Key Request Form

To receive services in a timely fashion, please complete and submit this *Key Request Form* at least five (5) business days in advance to **Business Services – Customer Service** at fmkeydesk@cpp.edu or fax to (909) 869-4363.

For questions call (909) 869-3030.

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☐ Faculty	□ Starr	☐ Student	L) Ut	ner		
Request For:						
Name:			BID:		Date:	
Department:			Phone:		Email:	
Requested By:	:					
Name:			Phone:		Email:	
	{Please e	nter a buildin	ıg and ı	room numbe	r <i>OR</i> key number}	
Building Room Key No.			Additional Information			
			Autho	rization		
Authorized Signer's Name (please print)				Title or Depart	ment	
Authorized Signature				Date		
				1		
Authorized Signer's Name (please print)				Title or Depart	ment	
Authorized Signature				Date		

FPM Department Use											
Key Pick-Up											
Building	Room	Key No.	Сору	Issued	Initials	Date Pick-Up					