



LOCK CHANGE REQUEST FORM (KEY AND LOCK CONTROL PRACTICE 3-1-11-03)

Return completed form to Public Safety, Shuniah Building, Room 123D, or e-mail: publicsafety@confederationcollege.ca
Mike.Rozic@confederationcollege.ca

Date of Request (DD / MM / YYYY): _____

PERSON REQUESTING LOCK CHANGE

Department or School Affiliation: _____

Surname: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): (_____) _____ - _____ Telephone (Work): (_____) _____ - _____

LOCK CHANGE(S) REQUESTED TO THE FOLLOWING AREA(S):

Building	Room Number	Description (eg. office, welding shop, conference room, etc.)	Reason for Request to Change Lock(s):

GL CODE FOR LOCK CHANGE(S):

Charge the cost of the lock change to the following GL Code: _____

AUTHORIZATION FOR REQUEST:

Name of Dean, Director, Chair or Manager Authorizing Request (Print): _____

Signature of Dean, Director, Chair or Manager Authorizing Request: _____

DEPARTMENT USE ONLY:

Building	Room Number	Lock Type (Russwin / Best) Removed	Lock Number Removed	Lock Type (Russwin / Best) Installed	Lock Number Installed	Date Work Completed (DD/MM/YY)	Data Entry Initials	Data Entry Date (DD/MM/YY)

Journal Entry Short Code: _____	Journal Entry Date (DD / MMM / YYYY): _____ / _____ / _____	Initials: _____
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FOR FURTHER INFORMATION, CONTACT PUBLIC SAFETY AT 623-0465.