

Contractor Key Request Form

Every non-WSU employee needing temporary access to campus facilities in order to fulfill the duties of a contract with Weber State University must complete this form.

Date Requested _____

PROJECT INFORMATION *(to be completed by WSU Project Sponsor)*

Project Name _____

Name of WSU Project Sponsor _____

WSU Project Number *(or Work Order/Purchase Order Number)* _____ Estimated End Date of Project _____

Will this contractor need a Facilities Key (AA1 or ANE) or FM Technician Access Level in the Access Control System?

Yes *(requires signed approval of AVP of Facilities and Campus Planning; please see below)* No

List the buildings and/or rooms for which this contractor will need access: _____

Note: if requesting access to netcom rooms, [this additional form](#) will also need to be submitted.

Will this contractor need a temporary credential issued to them for use with the access control system? Yes No

If electronic access is requested, please answer the following questions:

Days of the week for which access is approved: Any Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Timeframes for which access is approved: 24/7 6 am-5 pm 6 am-10 pm Other: _____

Approval Signature of WSU Project Sponsor _____

CONTRACTOR INFORMATION *(to be completed by contractor)*

Who at this company needs access?

COMPANY INFO

Company Name: _____

W# (if known) _____

Mailing Address _____

Phone: _____

INDIVIDUAL FINANCIALLY RESPONSIBLE FOR KEY(S)

Name: _____

Phone: _____

email _____

Individual who will be in possession of key(s) if different than above:

Signing this form is an agreement to terms of access. Please visit weber.edu/facilities/KeyandAccessPolicy.html for details.

Signature of Individual Financially Responsible for Key(s) _____

REVIEW AND APPROVAL FOR FACILITIES KEY *(only required for AA1, ANE or FM Tech level access)*

Approved as requested Approved with the following modifications _____

DENIED Reason for denial: _____

Signature of AVP for Facilities and Campus Planning _____



KEYS CURRENTLY ISSUED TO THIS CONTRACTOR *(to be completed by WSU FM Front Desk)*

Does this company currently have any keys issued to anyone who works for them? Yes No

If yes, what is total amount of deposit on file for this company? \$ _____

If yes, list all keys currently issued to anyone who works for this company.

KEY #	SEQUENCE #	NAME OF INDIVIDUAL TO WHOM KEYS WERE ISSUED

Printed name of preparer of this section: _____

Signature of preparer of this section _____ Date _____

KEY(S) TO BE ISSUED ON THIS REQUEST *(to be completed by WSU FM Lock Shop)*

KEY #	SEQUENCE #	KEY #	SEQUENCE #

Printed name of person filling key request: _____

Signature of person filling key request _____ Date _____

ISSUANCE OF KEYS *(to be completed by WSU FM Front Desk)*

of keys issued on this request x \$100 deposit/key = total amount due.

DEPOSIT PAID

Amount: _____

Method of payment: Check Credit Card

DEPOSIT RECEIPT INFORMATION

Date _____

Transaction # _____

(copy of receipt must be attached)

Printed name of WSU employee issuing key(s): _____

Signature of WSU employee issuing key(s) _____ Date _____

Printed name of individual receiving key(s) and assuming responsibility for them: _____

Signature of individual receiving key(s) _____ Date _____