 **Vendor Key Request Form**



Locksmith

**Fill out the section below indicating location and duration of work.**

Project Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UCONN Project Manager/Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Name/Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please list name(s) of the staff authorized to sign out keys below.**

 **Name Building/Key(s) Cell Phone #’s & Notes**

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**Return keys at the end of each day. Print information and sign below:**

**A.  Acceptance of Key(s)**

I acknowledge receipt of the key(s) listed above and assume full responsibility for their proper use until returned to UCONN key control personnel. In particular, I agree to not duplicate any key(s) owned or controlled by UCONN. I will not loan, barter, sell or give the keys to anyone. Keys should be returned at the end of each day unless otherwise approved or noted.

**B. Non-University Personnel**

Non-University Personnel and vendors shall not be issued keys or door access on a permanent basis.

**C.  Return of Key(s)**

Keys should be returned at the end of each day unless otherwise approved or noted.

**D. Lost or Stolen Key(s)**

Lost or stolen keys must be reported promptly to the Locksmith department at 860-486-2921. A fee may be assessed for a lock change.

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Signature Date

**It is my responsibility to return this card/key to Locksmith Services at the end of each day, unless otherwise approved or noted. The company is financially responsible in the case of lost, stolen, or misused keys.**