

Key/Card Request



Trent University
1600 West Bank Drive
Peterborough, ON K9J 7B8

Phone: 705-748-1011 ext. 7324 Fax: 705-748-1158

<http://www.trentu.ca/parking/locksmith.php>

Date: (d/m/y)

Reason for Request

Account No:

Requested for:

Name:

Department:

Colleague #:

Status:

Phone:

Email:

Requested by:

Designated Authority:

Department:

Colleague #:

E-mail:

Phone:

Signature

Keys/Cards Requested:

(To be completed by Designated Authority)

Building:

Room (e.g. DNA B 104.2):

Door:

Number of Keys/Cards Requested:

Card Expiry Date (if applicable):

Building:

Room (e.g. DNA B 104.2):

Door:

Number of Keys/Cards Requested:

Card Expiry Date (if applicable):

To be completed by Locksmith:

Visual Code (e.g. BB3):

Key Wizard Number(s):

Visual Code (e.g. BB3):

Key Wizard Number(s):

Please note that only Designated Authorities for each department are authorized to request keys. Once completed, you may click the submit form button and if emailed from the Designated Authority's Trent email account no signature is required or fax the form to the Access Control office at 748-1158 or send this form by internal mail to Parking and Access Control Office, BH. IF YOU FAX/E-MAIL THIS FORM, PLEASE DO NOT MAIL IT AS WELL. INCOMPLETE FORMS WILL BE RETURNED TO REQUESTER. ALL FORMS REQUIRE AN ACCOUNT CODE. Once your order is complete the Parking and Access Control office will contact you to arrange pick up of the keys.



For office use only:

	Name	Date Keys Received	Signature	Date Keys Returned
RMD				
DA				
Key Holder				

Total Cost: