



Key Control Department - Service Request Form

Part I - To be completed by the Requester

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Key Issue | <input type="checkbox"/> Transfer | <input type="checkbox"/> Lost & Found |
| <input type="checkbox"/> Damage | <input type="checkbox"/> Repair / Change | <input type="checkbox"/> Install |
| <input type="checkbox"/> Master Key | <input type="checkbox"/> Open Office | <input type="checkbox"/> Other (Specify): _____ |

Requester's Name: _____ Badge No.: _____ Work Ext. _____

Position: _____ Home. Ext. _____ Pager No.: _____

Department: _____ Section: _____

Location (Room/Building) _____ Mail Code _____

Request Justification: _____

Comments : _____

Declaration of Understanding

I assume full responsibility and will be charged for the loss/damage to my key. I shall notify the Key Control Office in case I lost my key.

(N.B.: The cost of key duplication is SAR 100.00)

Signature

Date

Approved by:

Immediate Supervisor
(Name & Signature)

Date

Department Head Director
(Name & Signature)

Date

Part II - To be completed by the Key Control Department

- Approved Disapprove Returned for completion of requirements

Supervisor, Key Control
(Name & Signature)

Date

Director, Support Services
(Name & Signature)

Date

Submitted by: _____ Badge No.: _____ Signature: _____ Date: _____

Time: _____