

SALMON RIVER CENTRAL SCHOOL DISTRICT
Key/Lock Request

Submit this form to the Business Office to request any additional key, replacement key, lock change or lock installation.

Date: _____

Issue to (Name): _____

Give Entrance or Room Number (or describe location): _____

Key Number (if known): _____

Period of Issue (circle one):

 TEMPORARY SUMMER ONE SEMESTER TWO SEMESTER

Purpose (circle): NEW STAFF MEMBER NEW STAFF ASSIGNMENT

 NEW LOCK BROKEN KEY OTHER (explain)

Explain any additional details which may help with expediting approval and with issuing correctly:

Staff Member signature: _____

Administrator signature: _____

Chief Financial Officer signature: _____

BUSINESS OFFICE DUE

Issued Key Nos. Recorded Date
