

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: \_\_\_\_\_

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BUSINESS OFFICE DUE

Issued Key Nos.      Recorded      Date

\_\_\_\_\_

\_\_\_\_\_