

Exception Request for Issuance of a Mechanical/Electrical Room Key

Building Name: _____ Building Number: _____

Requested Key Owner:

Name: _____

Title: _____

Department: _____

Email: _____

Phone: _____

Reason that M/E Room or Roof Access is Requested:

Support for Request (print):

Department Head: _____

Ranking Building Administrator: _____

By signing this exception request, the undersigned acknowledge that

- access to these spaces must be restricted to only those personnel with legitimate business need;
- key issuance (including loan of M/E room keys) must be tracked by the department;
- verification of key possession must be completed at least annually by the department;
- M/E rooms cannot be used for storage of any kind;
- M/E and roof access key privileges may be revoked for failure to comply; and
- Lost, stolen or misplaced keys will result in lock replacement and rekeying at department’s expense.

Signature of Requestor: _____

Date: _____

Signature of Department Head: _____

Date: _____

Signature of Ranking Building Administrator: _____

Date: _____

Review Committee:

Approve

Disapprove