 **DAS Key Requisition Form**

**Employee Information**

Name: Click here to enter text.

Department: Choose an item.

Division: Click here to enter text.

Building: Choose an item. Phone: Click here to enter text.

**Key Information**

Key Symbol: Click here to enter text. Copy Number: Click here to enter text.

Manufacturer: Choose an item. Issue Type: Standard

Requested Area Accessed: Click here to enter text.

**Authorization Information**

Key issue agreement: All lock cylinders and associated keys are and will remain the property of the State of Iowa, Department of Administrative Services. In return for loan of this key, I agree:

1) To safeguard and store the key securely at all times.

2) Not to make any attempts to copy, alter, duplicate, or reproduce the key.

3) Not to give or loan the key to others.

4) To use the key for authorized purposes only and to not grant access to unauthorized individuals.

5) To immediately report any lost, stolen or damaged keys.

6) To produce or surrender the key upon official request.

7) To immediately return any recovered or unused keys to the official Key Authority.

8) That if the key is lost, stolen, or not surrendered when requested, a charge that reflects the total cost of changing any and all locks affected may be accessed.

 Signature: Date: Click here to enter a date.

Authorizer’s Signature:

**Official Lock Shop Use Only**

Date Issued: By:

Date Recorded: Control Number:

Date Returned: By: