

LOCK CHANGE REQUEST/KEY REPLACEMENT REQUEST

CHECK ONE:

LOCK CHANGE REQUEST. I understand that there will be a \$50.00 charge for each setting changed (*new keys are included in this charge*). Medeco Lock change requests are \$75.00/setting.

Lock change costs that are caused by lost or stolen keys are the personal responsibility of the individual. The fee is \$50.00 per setting (\$75.00 per Medeco setting) plus \$10.00 (\$15.00 Medeco) for each key replacement.

KEY REPLACEMENT FOR LOST/STOLEN KEYS ONLY. *A lock change is not needed.* Please give _____ (name) key replacement(s) for the following building(s)/room(s). (Send individual to DC 106 with a completed key card along with this form.) A \$10.00 fee will be assessed for each key replaced.

BUILDING	ROOM	REASON FOR LOCK CHANGE OR KEY REPLACEMENT	COST \$50.00/setting \$75.00/setting Medeco \$10.00/key replace. \$15.00/Medeco key replace.	DEPT. CODE OR INDIVIDUAL'S NAME
TOTAL				

FORM OF PAYMENT

JOURNAL TRANSFER FROM ACCOUNT NUMBER: _____ **AMOUNT:** \$ _____

OTHER AMOUNT TO BE PAID AT CCTR 106: \$ _____

Please make checks payable to Buffalo State College **TOTAL:** \$ _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____
 (Required) (Vice President, Director, or Dean, or Chair)

CONTACT NAME: _____ **EXTENSION:** _____
 (Required) (Please Print)

Distribution: Original to Facilities Operations, CCTR 106, x6111; Copy to Department/Requestor

FOR FACILITES OPERATIONS USE

WORK ORDER # _____ NEW SETTING(S) _____

OTHER AMOUNT PAID TO FACILITIES OPERATIONS: _____

Received from: _____ Check # _____ Cash _____
 (No Journal Transfer needed if paid by check or cash, original to CCTR 106 file)

PROCESSED BY: _____ DATE: _____

JOURNAL TRANSFER TO ACCOUNT # 900660

Distribution: Original to IFR Recharge Accounting, CLEV 413; Copy to CCTR 106 file