

THE PUBLIC BUILDING AUTHORITY LOCK AND KEY SERVICES FORM

REQUEST DATE: _____

PLEASE MARK APPROPRIATE BOX:

Please complete form and send to:
PBA Access Control
 fax: 865.215.2233
 em: AccessControls@ktnpba.org
 (can be hand delivered to CCB - L146)
 PBA will contact when keys/locks are ready

- REQUEST KEY (ORIGINAL) _____
- RETURN KEY KEY ID NUMBER _____
- CREATE DUPLICATE KEY KEY ID NUMBER _____
- TRANSFER KEY KEY ID NUMBER _____
- FROM _____ TO: _____
- REPLACE LOST KEY KEY ID NUMBER _____

Name: _____ Title: _____

Employee ID Number: _____ Telephone Number: _____

Circle one: CITY/COUNTY/PBA EMPLOYEE/MPC/CONTRACTOR

BUILDING:	ROOM NO.:	DEPARTMENT:	JUSTIFICATION:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT: I agree that this key(s) has been issued to me and shall be promptly returned to the Safety & Services Department upon my termination from this position and/is no longer required in connection with my current duties. I further agree that I shall not permit copies of the key(s) to be made or permit any other unauthorized use of key(s) by others.

TRANSFER: If receiving key through a transfer, key holder (new) and dept supervisor signatures are both required.

RETURN KEY: Key being returned & supervisor signature only needed

Key Holder's Signature
(Upon Receipt of Key)

Department Supervisor
(Upon Initial Request)

OFFICIAL USE ONLY: PBA will charge \$10 for lost keys.

Date Received: _____	Memo: _____
Work Order Request Date: _____	_____
Work Order Completion Date: _____	_____
Key Brand: _____	_____