

CITY OF CHICO
OFFICE OF HUMAN RESOURCES & RISK MANAGEMENT
KEY REQUEST FORM

REQUEST

I hereby request and authorize the issuance of the noted key(s) to:

Name: _____

- Employee
- Department Use
- Non Employee

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Dates: _____ to _____

Keys Authorized:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Department Head Signature: _____

Date: _____

KEY DUPLICATION AUTHORIZATION

To: LOCKSMITH (896-7484)

I hereby authorize duplication of the keys identified above.

HR Signature: _____

Date: _____

*Please call _____ when keys are ready to be picked up.

Tickler File Date: _____

Locksmith Invoice #: _____