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| ACCESS REQUEST & KEY ISSUANCE AGREEMENT  Facilities Managment Direct Contractor Request (for FM Operations staff use ONLY)  *Please leave form in Word format and do not sign. Form to be signed at key pick-up & return.*  \*\*ALLOW 10 WORKING DAYS FROM FORM SUBMITTAL FOR ACCESS TO BE GRANTED\*\*  PROJECT INFORMATION | |
| Work Order Number & Description |  |
| Department POC / email |  |
| RESPONSIBLE CONTRACTOR | |
| Company Name |  |
| Contact Name |  |
| Contact Email |  |
| Contact Phone number |  |
| Buff OneCard Number |  |
| Buff OneCard Expiration |  |
| REASON FOR ACCESS | Describe basic project scope and access requirements |
| SPECIAL PERMISSION REQUIRED | **NO/YES (if yes, please provide more detail)** |

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| CARD SWIPE ACCESS NEEDED – a person should be listed in both sections if both key and swipe access is required. | | | | | |
| Building(s) |  | ***Room(s)*** | |  |  |
| Access Start Date |  | ***Access Finish Date*** |  |  | |
| Company Name | **Name** | **Buff OneCard Number** | | **Expiration Date** |  |
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| KEY ACCESS NEEDED – a person should be listed in both sections if both key and swipe access is required. | | | | | |
| Building(s) |  | ***Room(s)*** |  |  | |
| Access Start Date |  | ***Access Finish Date*** | |  |  |
| Company Name | **Contractor Name** | **Buff OneCard Number** | | **Expiration Date** | **Key Ring Needed** |
|  |  |  | |  | Y / N |
|  |  |  | |  | Y / N |
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**SIGNATURES ON BEHALF OF RESPONSIBLE CONTRACTOR** *To be signed at UCB Access Services at pick-up & return.*

**KEY ISSUANCE KEY RETURN**

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**Company Name Company Name**

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**Vendor Signature Vendor Signature**

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**Printed Name Printed Name**

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**Date Date**

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**ACCESS SERVICES KEY RECORD***To be completed by UCB Access Services at pick-up & return.*

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| Key # | Copy # | Key Type | Issue Date | AS Approver | Return Date | AS Approver |
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