

# 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*).

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 plus \$10.00 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 10.00/key replace.	DEPT. CODE OR INDIVIDUAL'S NAME
<b>TOTAL</b>				

**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 Customer Service Center CCTR 106, x6111; Copy to Department/Requestor

\*\*\*\*\*

**FOR CAMPUS SERVICES USE**

WORK ORDER # \_\_\_\_\_ NEW SETTING(S) \_\_\_\_\_

OTHER AMOUNT PAID TO CUSTOMER SERVICE: \_\_\_\_\_

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