

REQUEST FOR DOOR KEYS AND SPECIAL LOCKS	1. DATE (YYMMDD)
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TO: Director, Physical Security Division, WHS

2. REQUESTING OFFICIAL

a. NAME (Last, First, MI)	c. ORGANIZATION	d. SIGNATURE	e. PHONE
b. TITLE			

3. TYPE OF REQUEST (Check appropriate box)

3. KEYS	4. SPECIAL LOCKS
a. ROOM NO.	b. NO. OF KEYS
a. INSTALL ROOM NO.	b. NUMBER OF CONNECTING DOORS
c. REMOVE ROOM NO.	
c. KEYS TO BE ISSUED IN NAME OF (Last, First, MI)	

5. SPACE ASSIGNED TO:

a. DOD COMPONENT	b. SUB-COMPONENT
c. DIRECTORATE	d. DIVISION

6. JUSTIFICATION

7. RECOMMENDATION OF DEPARTMENT ACTIVITY/AGENCY

a. <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. SIGNATURE
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8. ACTION BY DEPARTMENT SPACE OFFICER

a. SPACE OCCUPANCY <input type="checkbox"/> VERIFIED <input type="checkbox"/> NOT VERIFIED	b. SIGNATURE
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9. RECOMMENDATION OF PHYSICAL SECURITY DIVISION

a. <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. SIGNATURE
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10. ACTION TAKEN BY LOCKSMITH

a. <input type="checkbox"/> GSA <input type="checkbox"/> DOD	b. DATE COMPLETED (YYMMDD)	c. SIGNATURE
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