

UNIVERSITY OF MICHIGAN KEY REQUEST  
for a single door key

LAST NAME	FIRST NAME
UMID#	UNIQNAME

DEPARTMENT NAME OR CONTRACTOR COMPANY	
BUILDING NAME	ROOM#

KEY# (IF KNOWN)
DEPOSIT \$5, \$10, OR \$20 (IF NO CASH DEPOSIT, PLEASE PROVIDE WORK ORDER OR YEARLY#)
AUTHORIZED SIGNER (PLEASE SIGN AND PRINT NAME)
DATE

<p>By signing below, I certify that I am the keyholder or I am an authorized representative of the keyholder. I accept full responsibility for returning the above key to the Key Office when I am no longer need it or on demand. The key will not be loaned, transferred, or duplicated under any circumstances, and if lost, it will be reported promptly.</p>
SIGNATURE
DATE