

TURNING STONE ENTERPRISES  
 PHYSICAL SECURITY WORK REQUEST FORM  
 REQUISITION FOR KEY DUPLICATION, CHANGING OF LOCKS, & REPAIR OF LOCKS:

DATE: \_\_\_\_\_ TEL. EXT. \_\_\_\_\_

REQUESTING PERSON: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TYPE OF WORK REQUESTED:

CHECK ONE:  LOCK REQUEST  KEY DUPLICATION  KEY CODE \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

**KEY DUPLICATION**  
**LIST NAMES AND BADGE NUMBERS OF WHO WILL BE GETTING KEYS**

MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER
MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER
MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER	MUST LIST FIRST LAST NAME AND BADGE NUMBER

PRIORITY OF REQUEST:  1  2  3  4 CIRCLE ONE

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF REQUESTING VP OR DIRECTOR

AUTHORIZED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 DIRECTOR OF SECURITY OR SECURITY OPERATIONS MANAGER (ADMIN)

<b>PHYSICAL SECURITY USE</b>	
DATE _____	TECHNICIAN ASSIGNED _____
PRIORITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
WORK PERFORMED _____	
WORK COMPLETED BY _____	DATE _____
SR TECHNICIAN _____	DATE _____