Lakehead University Security Services Key Work Order Request

Date:	Department:
Approved By:	Ext #:
Requested By: C	Contact Ext #:
Category: Locksmith	Cost Code:
Building:	Room:
Student name and number: Note \$10.00 service charge and \$10.00 deposit to be paid on all student keys on pick up.	
Employee/Faculty/Grad Student - Name and number.	
S/O Receiving:	S/O Issuing:
Date Received:	Date Issued: