

**VIMS' KEY REQUEST FORM**

Date: \_\_\_\_\_

To: Robert (RV) Carmean - Customer Service Center

From: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dept. Head Approval: \_\_\_\_\_

Building Name(s): \_\_\_\_\_

Room Number(s): \_\_\_\_\_

Key Number (if known): \_\_\_\_\_

Chesapeake Bay Hall Access Card: Yes \_\_\_\_\_ No \_\_\_\_\_

Andrews Hall Access Card: Yes \_\_\_\_\_ No \_\_\_\_\_

Seawater Research Lab Access Card: Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Request:

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**For Facilities Management Use:**

Date Request Received: \_\_\_\_\_

Date Keys/Cards Delivered: \_\_\_\_\_

Key Number(s): \_\_\_\_\_

Access Card/PIN Number: \_\_\_\_\_