CITY OF CHICO
OFFICE OF HUMAN RESOURCES & RISK MANAGEMENT
KEY REQUEST FORM

REQUEST

I hereby request and authorize the issuance of the noted key(s) to:

Name: _____

❏ Employee   ❏ Department Use

❏ Non-Employee: Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Dates: _____ to _____

Keys Authorized:

_____   _____   _____

_____   _____   _____

Department Head Signature: _____   Date: _____

KEY TRANSACTION

I hereby acknowledge receipt of the keys identified below:

KEY NAME	KEY NUMBER (if applicable)	DATE ISSUED	HR use only Add HREMET

Employee Signature: _____   Date: _____

(Return to Human Resources/Risk Management)