## **New Key/Key Replacement Request Form**

Instructions: Fill out the form below and either print and deliver the form, or email it to: Summer Hensley Summer.Hensley@uth.tmc.edu Tel. 713-500-5612.

Requestor Name:			Reque	st Key(s) For Room #:	
Request Date:					uilding initials, e.g. MSB 7.04 = Medical School Extension
Services(s) Requested		Qty	Details (as required)		
New Door Key (\$8.00 ea)					
Replace Door Key (\$8.00 ea)					
New/Replace Desk Key (\$8.00 ea)			# on Desk Plate:		
New/Replace Overhead Cabinet Lock (\$8.00 ea)			Cabinet Lock #:		_
Change Door Lock (call for quote)					
Deliver Key(s) To (Room	ו #):			er, including building initials, edical School Extension.	e.g. MSB 7.046.
Bill To Account #:					
Comments/Other Info:					