



Designer / Contractor Key Request
Office of Facility Services

This form is to be completed by the Designer or Contractor, signed and returned to the LSU Project Manager.

• Project

PDC Project

Other

Requestor Information

Company Name

Title

Last Name

First Name

Driver's License or ID

Phone Number

Email Address

Date

Key Information

Building

Room #

Key Code

Comments

Building

Room #

Key Code

Comments

Begin Date

End Date