



UNIVERSITY OF ARKANSAS

Facilities Management

General Contractor Key Authorization Form (Use ONE form for each key only)

FAMA Representative Completes This Section

Date Prepared:	_____	Key Return Due Date: (Cannot Exceed 30 Days) (180 Days for JOC or Service Contracts)	_____
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General/JOC Contractor Name: _____

Contractor Key Holder Name: _____

Required Key	Deposit	
Individual/Bollard Key Number _____	\$100	Includes Gate Clicker
Sub-Master Key Number _____	\$200	
Utility/Service Key Number _____	\$500	
Building Master Key Number _____	\$500	
Restricted Key Number _____ <small>(Pool, Elevator, High Voltage, Tunnel)</small>	\$1,000	

FAMA Director Name & Signature for Building Master or Restricted Key

FAMA Representative Name & Signature

General Contractor Key Holder Completed This Section Key

Holder Name (Print) _____

Key Holder Phone Number _____

Key Holder DL Number/State _____

Please Read Carefully

- All keys must be returned to the FAMA Key Office by the return date above or when no longer needed.
- Lost or stolen keys must be reported immediately to the FAMA Representative listed on this authorization.
- If the key is not returned (or extended) by the due date listed above, the key deposit will be forfeited.
- The Key Holder and/or the Key Holder's employer may be held liable for additional expenses due to lost/stolen keys, such as theft of university property, damage to facilities, and/or cost to rekey facilities.
- Deposits made by credit card can only be refunded to the same credit card (presented at time of return) or, by check to the Contractor company.

Key Holder Signature _____

FAMA Key Office Use Only

Key Issued		Key Returned	
Date	_____	Date	_____
Key Holder ID Verified	_____	Key Holder ID Verified	_____
Key Issued	_____	Key Returned	_____
Deposit Type (Check or CC)	_____	Deposit Amount Refunded	_____
Issued By	_____	Received By	_____