



**Appendix D  
Contractor Key Request Form**

1 CONTRACTOR INFORMATION:			
Person Requiring Access	Company Name:		
	Key Holder Name:	Mobile Number:	
	Email:		
2 AREA OF WORK:			
Campus	Room Number	Reason for access	
3 COLLEGE CONTACT PERSON (signature required for approval)			
College Approval for Access	Department:	Date:	
	Name:	Title:	
	Email:	Mobile Number:	
	Signature:		
4 APPROVAL PERIOD			
Date Approval Begins:		Date Approval Expires:	
Time of Approval:	Business hours only	Weekend	Overnight
5 RECEIPT and AGREEMENT			
By signing below I understand that these keys are on loan only and must be returned at the end of each and every day. These keys are the property of Mohawk College and will not leave College property at any time. I or my Company shall be responsible for the re-keying of affected areas if these keys are lost or stolen as per section 6.8 of Mohawk College's Key Control Policy.			
Signature of Contractor:			Date:

Forward this original copy with signatures to Security, Room C103, Fennell Campus.  
Do not Fax or Scan (original signatures required).

SECURITY SERVICES AREA	
Key Traka Programmed by:	
Key Programmed:	