



**Attachment 2  
Contractor Key Request Form**

<b>1 CONTRACTOR INFORMATION:</b>		
<b>Person Requiring Access</b>	<b>Company Name:</b>	
	<b>Key Holder Name:</b>	<b>Mobile Number:</b>
	<b>Email:</b>	
<b>2 AREA OF WORK:</b>		
<b>Campus</b>	<b>Room Number</b>	<b>Reason for access</b>
<b>3 COLLEGE CONTACT PERSON (signature required for approval)</b>		
<b>College Approval for Access</b>	<b>Department</b>	<b>Date:</b>
	<b>Name:</b>	<b>Title:</b>
	<b>Email:</b>	<b>Mobile Number:</b>
	<b>Signature:</b>	
<b>4 APPROVAL PERIOD</b>		
<b>Date Approval Begins:</b>		<b>Date Approval Expires:</b>
<b>Time of Approval:</b>	<input type="checkbox"/> Business hours only <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight	
<b>5 RECEIPT and AGREEMENT</b>		
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.		
<b>Signature of Contractor:</b>		<b>Date:</b>

Forward this original copy with signatures to Security, Room C103, Fennell Campus.