



KEY REQUEST FORM (NORTH CAMPUS)

KEY HOLDER INFORMATION

Tenant Name _____

Key Holder Name (please type or print) _____

Telephone _____ E-Mail: _____

Suite / Office / Entrance requesting access to: _____

I acknowledge that I am receiving _____ key(s) from Gateway University Research Park, Inc., which provides me access to the above listed area(s). I also acknowledge that this key(s) is loaned to me by Gateway University Research Park for my exclusive use.

This key(s) is non-transferable and subject to recall. For security measures, I agree to immediately notify Gateway University Research Park, ***both verbally and in writing***, in the event the key is lost, stolen or damaged. I further acknowledge that a \$25.00 fee will be assessed for a replacement key(s) in the event this key is lost, stolen, or damaged.

I am aware that all locks at Gateway University Research Park located at 5900 Summit Avenue participate in a building master lock system so as to allow Gateway personnel access to all areas in the case of an emergency.

Key Holder's Signature _____ Date _____

Key Number Issued: _____

- New Key*
- Lost Key (*\$25.00, non-returnable fee will apply*)
- Damaged (*\$25.00, non-returnable fee will apply*)
- No Longer Employed, Effective Date _____

****Key requests can generally be processed within 48 hours of receipt.***

In the event a building master key(s) issued to Tenant (one that opens all entrance doors at 5900 Summit Avenue), is lost or stolen, Tenant becomes responsible for all costs associated with subsequent rekeying of all locks and reissuance of keys.