

CALIFORNIA STATE UNIVERSITY BAKERSFIELD POLICE DEPARTMENT KEY/PROXY CARD REQUEST FORM



Name of individual to whom key will be issued:				Individual's Title & Department:		
Last		First	MI	Title	Title Department	
Work Phone:			-	Supervisor:		Ext:
Home Phone:			_	Dean/Dept Hea	ad:	Ext:
Check only or □ 24 hours/7 □ Monday – □ Other □	$(1^{st} 5 numbers of the 3 boxes)$	the back of Runner below. If "oth $-5:00 \text{ p.m.}$	er ID)er" is checked, con	nplete all request	ed information.	1 .
	(COMPLETE 1	THIS SECTION F		U EST FOR OFFICE US	F ONLY
	Building Name	Room #	Key #	Building #	Door #	Hook #
Key #1 Key #2						
Key #2 Key #3						
Key #4 Key #5						
I understand to	issuance of new k	ey (s). Check onl	rform job duties are by one box below. Signstones to perform job dutie	nature of employe	e and Department I	
Signa	ture of Individual	being issued key	gnature of Dean or Department Head			
			ry for the individual			o be turned in.
Signa	ture of Individual	being issued key	nature of Dean or Department Head			

NOTE: If your key or proxy card is lost or stolen, call the University Police Department at (661) 654-2111 immediately to report it.