

HARRY REID

INTERNATIONAL

LAS VEGAS

KEY REQUEST

DEPARTMENT OF AVIATION - FACILITIES DIVISION
FACILITIES@LASAIRPORT.COM 702-261-5621

REQUESTOR CONTACT INFORMATION

Name: _____ Phone: _____
Company/Section: _____
Date Submitted: _____ Date Desired: _____

NEW KEY REQUEST

Please note: For multiple individuals in the same work unit, with the same intended use, complete the box below and list all individual names on the **SUPPLEMENTAL KEY REQUEST FORM.**

Employee Name: _____
(must match name on DOA Badge)
Title: _____ Badge #: _____
Key Type: _____ Door #: _____
Justification: _____
Comments: _____

Administrative Use Only:

Master or Security-Restricted Key ☐ (If checked, all signatures below are required)

Justification: 1) What it opens _____
2) What entities are on this key series _____
3) Risk factor(s) and benefit(s) _____

Additional details and comments by Facilities: _____

Signature of Deputy Director – Support Services: _____

Signature of Deputy Director – Operations: _____

Signature of DOA Assistant Director – Security: _____

Comments: _____

- A. _____ Signature of Key Signatory
- B. _____ Signature of Additional Authorization – Safety/Business (if applicable)
- C. _____ Signature of DOA Facilities Manager
- D. LEAVE BLANK UNTIL TIME OF PICK UP _____ Signature of Key Recipient (To be signed at time of key pick up)
- E. LEAVE BLANK UNTIL TIME OF PICK UP _____ Date, Badge, and Phone number of Key Recipient

**** All forms must be typed out to ensure the accuracy for processing ****

**** Requests without employee badge numbers will not be processed. ****

Revised: 02/08/24