



# LOCK CHANGE REQUEST

DEPARTMENT OF AVIATION - FACILITIES  
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## REQUESTOR CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company/Division: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
**\*\*All forms must be typed out to ensure the accuracy of processing \*\*** Date Desired: \_\_\_\_\_

## LOCK CHANGE REQUEST DETAILS

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Door Number: \_\_\_\_\_  
Current Key Type: \_\_\_\_\_ Requested Key Type: \_\_\_\_\_  
Qty. of Keys Needed: \_\_\_\_\_ Padlock Qty of Padlocks: \_\_\_\_\_

**VERY IMPORTANT: Name and Badge Number for each key recipient must be provided on a Supplemental Key Request Form for processing.**

Comments: \_\_\_\_\_

## DOA CONSTRUCTION & ENGINEERING ONLY

Project # \_\_\_\_\_ Short Term Project  
Project Start Date: \_\_\_\_\_ Long Term Project  
Estimated Completion Date: \_\_\_\_\_ Electrical Room Access Permit (Associated)  
Permit # \_\_\_\_\_

## 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/comments by Facilities: \_\_\_\_\_  
Signature of Deputy Director - Support Services: \_\_\_\_\_  
Signature of Deputy Director - Operations: \_\_\_\_\_  
Signature of DOA Assistant Director of Security: \_\_\_\_\_

## LOCK CHANGE COMPLETION

Date Returned: \_\_\_\_\_ Date Locks Changed Back: \_\_\_\_\_ Keys Returned: \_\_\_\_\_

- 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