



ARP ROOM KEY REQUEST FORM

Please **print** investigator name: _____ is requesting a key
to room _____ of the _____ animal facility. This key will
be needed for approximately _____ months.

_____ Principal Investigator's Signature*	_____ Date
_____ Received in ARP by	_____ Date
_____ Key Returned by	_____ Date

Important Note:

Any lost keys will be replaced at the responsible PI's expense; ***there is also a \$30 fee for each lost key.*** In addition, if the Safety/Security Section of Risk and Insurance Management recommends that the locks be replaced on account of a lost key and the PI will be charged for this as well. Any key-related charges will be billed directly to the responsible PI's account in the next regular monthly billing.

*This form must be signed by the Principal Investigator and returned to the ARP Office.

Fax No. BG Campus: 713-7195
Fax No. DT Campus: 713-1177