

CONTRACTOR KEY AUTHORIZATION & REQUEST

Contractor Information

Company Name: _____ Company Phone #: _____

Company Address: _____

Representative Name: _____
Last First

Representative E-mail: _____ Representative Phone #: _____

Contract #: _____ Contractor #: _____

PSU Project Manager Information

Project Manager Name: _____
Last First

Project Manager E-mail: _____ Project Manager Phone #: _____

Project Start Date: _____ Project End Date: _____

Date Need By: _____ Project Number: _____

Project Description: _____

Access Levels: 1. Room/Office/Suite 2. Master 3. Grand Master 4. Great Grand Master

Building & Room	Key/location details	Key ID#	Quantity	Access Level				Deposit Amount
				1.	2.	3.	4.	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Total Key Deposit: _____

APPROVALS:

Contractor's Authorization (Required)	Print	Date
Project Manager Signature (Required)	Print	Date
FPM Director (Required for Levels 3 & 4)*	Print	Date
	Print	Date

*Additional approval and signatures may be required, as determined by FPM Director

Representative and PSU Project Manager will be notified via email when keys are ready for collection

Authorization & Release Form 4.2023

Form Guidelines:

- Key Authorizations require a valid and active Contractor #.
- A valid photo ID must be presented to Facilities & Property Management (FPM) staff for the key to be released to the contractor representative or designated proxy.
- Provide all known pertinent information regarding the access needed to aid FPM in determining the correct keys to issue - building & room numbers, key IDs, additional key/location details, quantity, etc.
- Authorization Signatures required depend on Access Level requested.
- Authorization Forms should be submitted to keys@pdx.edu.
- A deposit is required for keys issued, forfeited in the event that keys are lost or stolen. Deposit amount is assessed according to the current Fines and Fees Schedule.
Room/Office/Suite: \$100 per key
Master: \$250 per key
Grand Master: \$500 per key
Great Grand Master: \$1000 per set

TERMS & CONDITIONS RELEASE AGREEMENT

The individual signing this document as 'Recipient' agrees to the following:

- I have received the listed key(s) and I agree not to loan or have key(s) reproduced in any manner.
- Upon completion of the associated contractual work for PSU or upon request, I will return the key(s) to FPM located in University Services Building, room 202, or to the Campus Public Safety Office, if after hours.
- In the event that my key(s) are lost, stolen, or otherwise misplaced, I accept the responsibility to immediately notify FPM (503) 725-3738, Campus Public Safety (503) 725-4407, and my immediate supervisor. A Lost/Stolen key report must be submitted.

Recipient Initials _____

Date Stamp
(FPM Front Desk use only)