



Washoe County School District
(Locksmith Dept.)
"Lock and Key Request"

W.O. # Required _____

School / Dept.: _____

Date of Request: _____

Contact Person: _____

Authorized By: _____

Explanation: _____

Door Hardware Problem: (Please, check those that may apply for each item.)

Item No.:	Lock Repair:	Cylinder Repair:	Description: (Area / Room # / Location)
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Door Key Order (Additional / Replacement): (All keys will be stamped - "Do Not Duplicate!")

Item No.:	Key Qty.:	Key Set or ID #:	Addtl.(-A-) / Replace.(-R-)	Area / Room# / Location:	Consecutive Number Stamping:(If required)
1)	_____	_____	___ / ___	_____	_____
2)	_____	_____	___ / ___	_____	_____
3)	_____	_____	___ / ___	_____	_____
4)	_____	_____	___ / ___	_____	_____
5)	_____	_____	___ / ___	_____	_____
6)	_____	_____	___ / ___	_____	_____
7)	_____	_____	___ / ___	_____	_____
8)	_____	_____	___ / ___	_____	_____
9)	_____	_____	___ / ___	_____	_____
10)	_____	_____	___ / ___	_____	_____

Locksmith Dept. Use Only Below This Line:

W.O. #: _____

Date Completed: _____

Date Received: _____

Comment / Problems: _____

Worker Signature: _____