

KEY REMAKE REQUEST FORM

ALCORN STATE UNIVERSITY | EMPLOYEE HOUSING

This form is intended to assist TENANTS with ordering additional or replacement keys for the Employee Housing Unit assigned to them.

KEY REQUEST INFORMATION:

Key Code Number	How Many?	Apartment or House Address	Tenant's Name
Contact Phone Number		Contact Email Address	
The key replacement fee is \$25 per key. Make payment at the Cashier's Window on the 2 nd floor of WWACB.		Receipt Number:	

CONTACT INFORMATION:

When your key is ready you will be contacted by email or telephone during normal business hours. Please provide contact information in the spaces above.

RETURN THIS FORM TO:
OFFICE OF THE VP FOR FINANCE & ADMINISTRATION
WWACB 6TH FLOOR

APPROVALS:

Housing Management:	Date:
VP for Finance & Administration:	Date:

REQUESTED KEY(S) ISSUED TO:

Housing Management:	Date:
Tenant:	Date: