REQUEST	NUMBER (KC LISE	ONII V)

DATE

CONTRACTOR KEY	AUTHORIZATION	& REQUEST
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COMPANY NAME	:: CONTRACTOR				_
COMPANY ADDR	ESS:				TERMS & CONDITION
COMPANY PHONE#:			ZIP CODE:		THE INDIVIDUAL SIGNING THIS DOCU
CONTACT NAME:			CONTACT PH	IONE #:	NOT TO LOAN OR HAVE KEY(S) REPR
			NIU PROJEC	т Nаме:	DEPOSIT WILL BE FORFEIT PERSON RECEIVING KEY(S) MUST BE
PROJECT END D	ATE:		NIU PROJEC	т#:	CONTRACTOR ASSIGNED TO THE KE IN THE EVENT THAT MY KEY(S) ARE L MISPLACED, I ACCEPT THE RESPONS NIU KEY CONTROL SHOP 815-753-
KEY#	DATE ISSUED	ISSUED BY	Date Returned	RECEIVED BY	_
					KEY DEPOSIT:
					Access Types (Cost): 1. Room/Office/Suite (\$100.00) 2. Building Entry (\$100.00) 3. Master (\$500.00/key)
					PLEASE MAKE CHECKS PAYABLE UNIVERSITY
					DEPOSIT #:(
APPROVAL SIGNATURE - CO		DATE R DATE	CONTRACTOR (I	PLEASE PRINT) ÍANAGER (PLEASE PRINT)	
SIGNATURE - NIL	J Key Control Fore	man Date	NIU KEY CONTE	ROL FOREMAN (PLEASE F	PRINT)



NS RELEASE AGREEMENT

JMENT AS 'CONTRACTOR' AGREES ED THE LISTED KEY(S) AND I AGREE ODUCED IN ANY MANNER.

ED FOR UNRETURNED KEYS.

A REPRESENTATIVE OF THE Y(S).

OST, STOLEN, OR OTHERWISE SIBILITY TO IMMEDIATELY NOTIFY -1215,

- 00.00/KEY)
-)/KEY)

E TO: NORTHERN ILLINOIS

DEPOSIT #:	CHECK #: