

Los Angeles Unified School District Headquarters
Office of the Building
KEY PRODUCTION REQUEST FORM

TO: LOCK DEPARTMENT DATE _____

SCHOOL / LOCATION NAME _____

LOCATION CODE _____

FLOOR # _____

OFFICE/ CUBICLE # _____

AUTHORIZED SIGNATURE _____ SITE KEY ADMINISTRATOR

PRINT NAME _____

PHONE # _____

BUDGET LINE ITEM

FUND	AREA	ORGN.	PROG.	OBJECT

APPROVAL BY DEPARTMENT HEAD

QUANTITY KEY NO. **REASON FOR REQUEST / DESCRIPTION OF KEY OR SERV. REQUIRED**

RECEIVED BY: _____ DATE: _____

**THE POSSESSION OR DUPLICATION OF ANY LAUSD KEY
 WITHOUT AUTHORIZATION IS A MISDEMEANOR [P.C. 4691]**