			SO#	
			Date:	
MEMORANDUM T FOR: CES, Real Pro	HRU: Customer Activity Sonerty Office	ecurity Manager		
	ST FOR KEY SERVICES			
ECTION I: (To be	e completed by the Unit Key	Control Officer)		
Organization:		Point of Contact (POC):		
OC Telephone:		POC Email:		
. Request: 1)	Key Duplication and/or 2) Lock Cores/Combination	ns Changed (Circle Required Action)	
LDG#	ROOM #	CORE #	# <u>KEYS NEEDED</u>	
				
				
This request is just	tified for the following reason	on(s):		
		UNIT	KEY CONTROL OFFICER (Signature)	
ECTION II: (To b	be completed by Activity Sec	curity Mgr)		
Concur Nonco	oncur			
		Y SECURITY MGR (i.e., S2,	, TRADOC, 7 th SUS BDE, FM, etc.)	
ECTION III: (To	be completed by Real Prop	erty Office, CES)		
OS CONTRACTO	R			
ATTN: Locksmith				
ayment Req`d	\$			
approved Disa	approved			
Bisc		REAL PROPE	RTY OFFICE, CES (Signature & Date)	
ECTION IV: (DO	NOT complete this section	until ich completed)		
acknowledge recei nem when the spac nrough negligence	ipt of and responsibility IA te is vacated. I acknowled beyond that of the 733 rd C	AW Air Force Instruction 23- ge that if the keys are lost, sto	111 for the keys described above, and will return blen, misplaced, damaged, need duplicating, etc as responsibility to cover all costs associated with entire building, if necessary.	
		UNIT	KEY CONTROL OFFICER (Signature)	
		UNIT	KEY CONTROL OFFICER (Print Name)	