



NEW MEXICO

GENERAL SERVICES DEPARTMENT

ACCESS CODE/ACCESS BADGE/KEY REQUEST FORM GENERAL SERVICES DEPARTMENT

REQUESTOR'S NAME _____

PHONE _____

JOB TITLE _____

EMAIL _____

AGENCY/DIVISION _____

DATE _____

KEY REQUEST

NUMBER OF KEYS _____

BUILDING(S) _____

ROOM(S)
NUMBER

ACCESS CODE / ACCESS BADGE REQUEST

ACTION REQUEST ADD DELETE CHANGE ___

BUILDING(S) _____ ROOM(S) # _____

ACCESS LEVEL REQUESTED

___ MONDAY - FRIDAY (6AM – 6PM) FULL ACCESS (24 HOURS/7 DAYS) NECESSARY TO MEET AGENCY NEEDS

___ TEMPORARY ACCESS (DATES) _____

JUSTIFICATION FOR REQUEST

HOLDER NAME (Printed) _____ ROLE _____ EMPLOYEE # _____

SUPERVISOR'S NAME (Printed) _____ PHONE _____

SUPERVISOR'S SIGNATURE _____

ACKNOWLEDGMENT

Loss of a key may require the rekeying all doors affected at the Agency's expense.
User is not to lend access badge or keys to others, transfer, modify, or misuse the issued keys.
After hours, user is to ensure any point of entry or exit is properly secure.
Loss of Access key or badge must be reported immediately to supervisor.

FMD FACILITY OPERATIONS MANAGER		DATE	
---------------------------------	--	------	--

PLEASE EMAIL DOCUMENT TO:
FMDWCC.GSD@state.nm.us

WORK ORDER # _____