



# 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 \_\_\_\_\_

#### ACKNOWLEDGEMENT

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 # \_\_\_\_\_