



## LOCKS / KEY REQUEST

**PLEASE PRINT**

TENANT NAME			DATE			PHONE NUMBER											
NUMBER OF KEYS AND LOCATION																	
<b>1. EMPLOYEES NAME</b>					<b>2. EMPLOYEES NAME</b>												
LAST			FIRST			MI			LAST			FIRST			MI		
POSITION: _____									POSITION: _____								
AIRPORT ID: _____									AIRPORT ID: _____								
KEYS REQUESTING:									KEYS REQUESTING:								
<b>3. EMPLOYEES NAME</b>									<b>4. EMPLOYEES NAME</b>								
LAST			FIRST			MI			LAST			FIRST			MI		
POSITION: _____									POSITION: _____								
AIRPORT ID: _____									AIRPORT ID: _____								
KEYS REQUESTING:									KEYS REQUESTING:								

I certify that upon the employee's termination or loss of the restricted area key(s), that it is my company's responsibility to notify the MSY Security Office (303-7760) as soon as possible, but not more than 24 hours after the termination or loss of keys. I will ensure that the Airport Keys will be returned to the Airport Security Department within 24 hours after the termination of employment or immediately upon denial of access privileges. **A \$100.00 charge per key will be assessed for all keys not returned.** I acknowledge that all keys remain the property of the New Orleans Aviation Board and must be surrendered upon demand by Airport Security, Airport Police, or Airport Operations.

\_\_\_\_\_  
*Print Sponsor's Name*

\_\_\_\_\_  
*Sponsor's Signature*

**Approved / Disapproved By:** \_\_\_\_\_

*Chief of Security*

\_\_\_\_\_  
*Superintendent of Maintenance*