



LOCKS / KEY REQUEST

PLEASE PRINT

TENANT NAME			DATE			PHONE NUMBER		
NUMBER OF KEYS AND LOCATION								
1. EMPLOYEES NAME						2. EMPLOYEES NAME		
LAST			FIRST			MI		
POSITION: _____						POSITION: _____		
AIRPORT ID: _____						AIRPORT ID: _____		
KEYS REQUESTING:						KEYS REQUESTING:		
3. EMPLOYEES NAME						4. EMPLOYEES NAME		
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 \$200.00 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