



**Access Replacement Form**  
To be filled out by the Office of Public Safety.

**Key Holder Information**

<b>Print Name (Last, First M.I.)</b>	<b>Work or Office Phone Number</b> ( ) -	<b>WCC ID</b> @
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<b>Job Title</b>	<b>Department</b>	<b>Employment</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	<b>Assigned Office</b>
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<b>Access Information</b> <input type="checkbox"/> FOB <input type="checkbox"/> PROX Card	<b>FOB/PROX #</b>	<b>Replacement Reason</b> <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen
<b>Key Information</b>	<b>Key #</b>	<b>Copy #</b>
<input type="checkbox"/> Operator <input type="checkbox"/> Sub-master <input type="checkbox"/> Bldg. Master <input type="checkbox"/> Campus Master		<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen
<input type="checkbox"/> Operator <input type="checkbox"/> Sub-master <input type="checkbox"/> Bldg. Master <input type="checkbox"/> Campus Master		<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen
<input type="checkbox"/> Operator <input type="checkbox"/> Sub-master <input type="checkbox"/> Bldg. Master <input type="checkbox"/> Campus Master		<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen

**Supervisor Information** – Access replacements must be authorized by a supervisor.

<b>Print Name (Last, First M.I.)</b>	<b>Work or Office Phone Number</b> ( ) -	<b>WCC ID</b> @
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By signing this document I state that I have knowledge of the requested access replacement.

<b>Authorized Signature</b>	<b>Date (MM/DD/YYYY)</b>
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**Charges**

Type	Charge	Quantity	Amount	Amount Paid	Reason if Waived	Charge Code	Cashier Initial
FOB/PROX	\$15				<input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
Operator	\$25.00				<input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
Sub-master	\$35.00				<input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
Building Master	\$50.00				<input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
Campus Master	\$50.00				<input type="checkbox"/> Damaged <input type="checkbox"/> Stolen		
<b>TOTAL</b>							

**For Public Safety Use Only**

Key Code	Copy #	CSS Code	Key Code	Copy #	CSS Code	FOB/PROX #	CSS Code	Notes