

STATE CAPITOL POLICE
KEY/LOCKCHANGE REQUEST FORM
CONNECTICUT

To: State Capitol Police Administration

Subject: Key / Lock Change Request



Request Type: Key #: _____ Lock Change: _____ New Lock Install: _____

Reason: New: _____ Lost/Stolen: _____ Damaged: _____ Other: _____

Please provide : _____ Ext. _____ access to:
Print Name of Person Being Granted Access Phone #

Filing Cabinet: _____ **Desk:** _____ **Storage:** _____ **Other:** _____

Caucus: ___ SDO ___ SRO ___ HDO ___ HRO ___ EBO _____ Other

Supervisor/Manager's Name: _____
Printed Name

Supervisor/Manager's Signature: _____ **Date:** ____/____/____

State Capitol Police Information

Date Received by SCPD: ____/____/____

Issued by: _____ **ID #:** _____ **Date:** ____/____/____
SCPD Personnel

Forwarded to:

Forwarded Facilities To: ____/____/____ ___ Guardian _____ Other

Notes: _____

Final Review: _____
Chief of Police