

SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

Maintenance Department

School's Name _____

Location/Room#: _____

Name of person requesting lock to be changed: _____

Name of person requesting keys to be made: _____

Reason for Lock Change: _____

Reason for additional keys to be made: _____

Maintenance Supervisor

Signature/Building Administrator

Director of Organizational Support

Superintendent

NOTE: The Maintenance Department will not change any locks or make any keys without the required signatures.