

Facilities Department
ALARM CODE REQUEST FORM

1. Please submit the original form to Facilities Department. **Incomplete forms including improper authorization will not be processed.**
2. Once the request is approved, applicant will be contacted when the code is ready for pick up. Alarm code must be picked up from the Security Office within 14 days after notification.
3. Photo ID and signature are required at time of pick up.

TO BE COMPLETED BY APPLICANT

Name: _____ Employee No.: _____

Department: _____ Position: _____

Office Tel.: _____ Langara Email: _____

Location where you need a code: Building _____ Room No.: _____

Reason for Issue: _____

Terms of Use

I agree to adhere to the following terms of use:

1. The code is for my use only and will not be given to anyone.
2. It is my responsibility for the security of the location.
3. Use of the location for reasons other than intended may result in the removal of my code from the system.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT HEAD / DIVISION CHAIR / DEAN OR DESIGNEE

Authorized Person's Name: _____ Department: _____

Authorized Person's Signature: _____ Date: _____

TO BE COMPLETED BY FACILITIES DEPARTMENT

Authorized Person's Name: _____ Date: _____

Authorized Person's Signature: _____

TO BE COMPLETED BY SECURITY OFFICE

User No. _____ Created By: _____ Applicant's ID Checked: Yes No

Acknowledged Receipt by Applicant: _____ Date: _____

November 2019