DCS
DIVISION OF CENTRAL SERVICES
First·Choice·for·Service

KEY DUPLICATION REQUEST FORM

Fax completed form to:
Capitol Complex
Fax Number 303.866.2470

Date:

Requesting Agency:

Contact Person:

New Employee? ◯ Yes ◯ No

Phone: Fax:

KEY INFORMATION

Building:

Room Number:

Key Code (KABA or BEST): ◯ KABA ◯ BEST

This is a ◯ New Key ◯ Replacement Request

AUTHORIZED INDIVIDUAL (AI) FOR KEY DUPLICATION REQUEST

Name:

Title:

DPA
Department of Personnel & Administration
Good Government Starts Here