



FACILITIES MANAGEMENT

VENDOR ACCESS CONTROL AGREEMENT

UH Dept:		Vendor:	
Address:		Address:	
Project Name:		Contact Person:	
		Title:	
Project #:	PO #:	Phone:	
Building Name:		Email:	
UH Authorizing Sponsor:		Project Completion Date:	Project Extension Date(s):
Phone:	Email:	Est. Value of Keys:	Date:

Vendor (or other designation of contracting party) acknowledges and understands that card access or keys listed below may be master keys for facilities at the University of Houston and that failure to return such keys will result in the need to rekey one or more university buildings. Vendor agrees to indemnify the university for any losses incurred as a result of lost or stolen keys or the failure to return key within seven (7) business days of Project Completion Date, including any and/or all extension dates, to the Access Control Shop, General Service Building Room 168, 4211 Elgin St., Houston, TX 77204, plus \$48.50 for each core and/or \$600 plus labor for each master key that must be rekeyed. *Note:* All keys listed in this form must be returned at the same time.

Specify Building and Room Number Where Access is Required	Key/Card # (office use only)

*If additional space is required, attach another sheet

Signature: _____	Signature: _____
UH Project Manager (Required): _____ Date _____	Vendor Name: _____ Date _____
Signature: _____	Signature: _____
Dept. Authorized Sponsor: _____ Date _____	Locksmith Supervisor: _____ Date _____
<i>(If space is still occupied)</i>	

Key Return (office use only) – Please keep this form for your record

Key Return Date: _____	Signature: _____
	Access Control Shop: _____ Date _____