

## CAMPUS SECURITY SYSTEM SERVICE REQUEST, ADDITIONAL ITEMS

THE UNIVERSITY OF TEXAS AT AUSTIN, INFORMATION TECHNOLOGY SERVICES

**Attach to "Campus Security System Service Request"**

**DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **BLDG/ROOM** \_\_\_\_\_

**CALL (512) 471-6131 IF YOU HAVE ANY QUESTIONS ABOUT THIS ORDER FORM.**

<b>Item</b>	TYPE OF SERVICE:	DISCONNECT <input type="checkbox"/>	INSTALL <input type="checkbox"/>	RELOCATE <input type="checkbox"/>	ESTIMATE <input type="checkbox"/>	VIDEO SECURITY REPAIR <input type="checkbox"/>	OTHER <input type="checkbox"/>
SERVICE TO BE PERFORMED IN: <b>BLDG</b> _____ <b>ROOM</b> _____ <b>COMMENTS</b> _____							
TYPE OF SECURITY SYSTEM REQUESTED: <b>INTRUSION PROTECTION</b> <input type="checkbox"/> <b>CARD ACCESS</b> <input type="checkbox"/> <b>PANIC/DURESS BUTTON</b> <input type="checkbox"/>							
<b>FIBER OPTIC LOOP</b> (Security Loop) <input type="checkbox"/> <b>VIDEO</b> (Security) <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>							
*RELOCATE: FROM: <b>BUILDING</b> _____ <b>ROOM</b> _____ <b>JACK NUMBER</b> (If applicable) _____							
TO: <b>BUILDING</b> _____ <b>ROOM</b> _____ <b>JACK NUMBER</b> (If applicable) _____							
Remarks:							

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ATTACH ADDITIONAL PAGE(S) IF NEEDED