

CAMPUS SECURITY SYSTEM SERVICE REQUEST

THE UNIVERSITY OF TEXAS AT AUSTIN, INFORMATION TECHNOLOGY SERVICES
 Mail completed form to ITS Business Office, SER 321, C3800 or Fax to (512) 471-8883

DEPARTMENT _____ DEPT REQ. NO. _____ DATE _____

REQUESTER NAME _____ E-MAIL _____ PHONE _____

CONTACT NAME _____ PHONE _____

CONTACT E-MAIL _____ BLDG/ROOM _____

INSTALLATION CHARGES	
ACCOUNT _____	
AUTHORIZED SIGNATURE _____	
NAME _____	

RECURRING CHARGES	
ACCOUNT _____	
AUTHORIZED SIGNATURE _____	
NAME _____	

1. Please fill out this form as completely as possible. Include all available information that applies to the description of the work. Incomplete information may result in a delay of the work requested.
2. Contact UTPD Crime Prevention Unit at utpdsharepointhelp@its.utexas.edu to request alarm PIC (Personal Identification Code) templates. These must be received by UTPD prior to security system activation.
3. Once all information is provided, you will receive a confirmation copy in campus mail in approximately 7 working days. A name and a phone number for you to call to schedule installation will appear on the confirmation copy. The ITS Business Office cannot provide scheduling information.
4. If additional items are needed, please attach "Campus Security System Service Request, Additional Items" page(s). Extra material may be attached if necessary.
5. Call the ITS Business Office at (512) 471-5711 if you have any questions about this order form.

DEPARTMENT USE ONLY

Item 1	TYPE OF SERVICE:	DISCONNECT <input type="checkbox"/>	INSTALL <input type="checkbox"/>	RELOCATE* <input type="checkbox"/>	ESTIMATE <input type="checkbox"/>	OTHER <input type="checkbox"/>
	SERVICE TO BE PERFORMED IN:	BLDG _____	ROOM _____	COMMENTS _____		
	TYPE OF SECURITY SYSTEM REQUESTED:	INTRUSION PROTECTION <input type="checkbox"/>	CARD ACCESS <input type="checkbox"/>	PANIC/DURESS BUTTON <input type="checkbox"/>		
		FIBER OPTIC LOOP (Security Loop) <input type="checkbox"/>	VIDEO (Closed Circuit TV) <input type="checkbox"/>	OTHER <input type="checkbox"/>		
	*RELOCATE: FROM:	BUILDING _____	ROOM _____	JACK NUMBER (If applicable) _____		
	TO:	BUILDING _____	ROOM _____	JACK NUMBER (If applicable) _____		
	Remarks:					

Item 2	TYPE OF SERVICE:	DISCONNECT <input type="checkbox"/>	INSTALL <input type="checkbox"/>	RELOCATE* <input type="checkbox"/>	ESTIMATE <input type="checkbox"/>	OTHER <input type="checkbox"/>
	SERVICE TO BE PERFORMED IN:	BLDG _____	ROOM _____	COMMENTS _____		
	TYPE OF SECURITY SYSTEM REQUESTED:	INTRUSION PROTECTION <input type="checkbox"/>	CARD ACCESS <input type="checkbox"/>	PANIC/DURESS BUTTON <input type="checkbox"/>		
		FIBER OPTIC LOOP (Security Loop) <input type="checkbox"/>	VIDEO (Closed Circuit TV) <input type="checkbox"/>	OTHER <input type="checkbox"/>		
	*RELOCATE: FROM:	BUILDING _____	ROOM _____	JACK NUMBER (If applicable) _____		
	TO:	BUILDING _____	ROOM _____	JACK NUMBER (If applicable) _____		
	Remarks:					