# 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

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**DEPARTMENT**

**DEPT REQ. NO.**

**DATE**

**REQUESTER NAME**

**E-MAIL**

**PHONE**

**CONTACT NAME**

**PHONE**

**CONTACT E-MAIL**

**BLDG/ROOM**

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**INSTALLATION CHARGES**

**ACCOUNT**

**AUTHORIZED SIGNATURE**

**NAME**

**RECURRING CHARGES**

**ACCOUNT**

**AUTHORIZED SIGNATURE**

**NAME**

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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.

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**Item 1**

**TYPE OF SERVICE:** DISCONNECT ☐  INSTALL ☐  RELOCATE* ☐  ESTIMATE ☐  VIDEO SECURITY ☐  OTHER ☐

**SERVICE TO BE PERFORMED IN:**

**BLDG**

**ROOM**

**COMMENTS**

**TYPE OF SECURITY SYSTEM REQUESTED:**

**INTRUSION PROTECTION** ☐

**CARD ACCESS** ☐

**PANIC/DURESS BUTTON** ☐

**FIBER OPTIC LOOP** (Security Loop) ☐

**VIDEO** (Security) ☐

**OTHER** ☐

*RELOCATE:

FROM: **BUILDING**

**ROOM**

**JACK NUMBER** (If applicable)

TO: **BUILDING**

**ROOM**

**JACK NUMBER** (If applicable)

Remarks:

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**Item 2**

**TYPE OF SERVICE:** DISCONNECT ☐  INSTALL ☐  RELOCATE* ☐  ESTIMATE ☐  VIDEO SECURITY ☐  OTHER ☐

**SERVICE TO BE PERFORMED IN:**

**BLDG**

**ROOM**

**COMMENTS**

**TYPE OF SECURITY SYSTEM REQUESTED:**

**INTRUSION PROTECTION** ☐

**CARD ACCESS** ☐

**PANIC/DURESS BUTTON** ☐

**FIBER OPTIC LOOP** (Security Loop) ☐

**VIDEO** (Security) ☐

**OTHER** ☐

*RELOCATE:

FROM: **BUILDING**

**ROOM**

**JACK NUMBER** (If applicable)

TO: **BUILDING**

**ROOM**

**JACK NUMBER** (If applicable)

Remarks:

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**IF NECESSARY, ATTACH “CAMPUS SECURITY SYSTEM SERVICE REQUEST, ADDITIONAL ITEMS” PAGE(S).**

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