

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.

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| Item | 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) _____ | |
| <i>Remarks:</i> | |

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ATTACH ADDITIONAL PAGE(S) IF NEEDED