

Request for Video/Camera System

Follow the process outlined on the following pages

Date: _____
 Request Made By: _____
 Telephone Number: _____
 Department/Department Head: _____
 Building/Location: _____ Room(s): _____
 Mailing Address: _____

Responsible Party (RP) Contact: (2 Required)

Name	Office Phone	Email	Cell
1.			
2.			

Account Contact:

Name	Office Phone	Email	Account Number

What type of video is being requested?
 (Check all that apply)
 Security Video System
 Construction Surveillance Camera
 Live Web Feed Camera
 New Installation
 Remodel/Relocation
 Disconnect

Reason for Camera Installation
 (Example: History of theft and vandalism)

Associated Costs (Installation and equipment costs are the responsibility of the customer). These costs are provided to the responsible parties in the attached Camera Request Process.

Charge	Amount
Facilities Maintenance, Testing (Annual Cost)	Provided with Video Installation Costs
ACNS Charge (Annual Cost)	Provided with Video Installation Costs
Damage	Costs Associated to Repair Damage
Deactivation	Cost Associated with Removal

Signing below acknowledges that the requestor has received and read the University Video Policy and agrees to comply as stated.

Requestor's Signature: _____

Send a copy to the Security Technology Committee by emailing the signed form to franke.johnson@colostate.edu

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- Security Technology Committee (STC) Approved
 Security Technology Committee (STC) Disapproved

Authorized Signature (STC Representative): _____ Review Date: _____