

Murray State Police Department Alarm/Camera System Request Form

Date Submitted to MSUPD _____

CAD # _____

To be completed by MSUPD

New System/Replace Existing System Update Existing System Repair

Department Contact: _____
Last Name First Name

Contact Information: _____
Campus Extension E-Mail Address

Department or College: _____

Service Requested: _____

Location (additional instructions and maps may be attached)

Building: _____ Room(s) Number: _____

Billing Account Number: _____

Account Budget Manager: _____
Print Signature

Approvals:

Dean/Director: _____
Print Signature

(Signatures below not required for repairs only)

Area VP or Provost: _____
Print Signature

Police Department: _____
Print Signature

Storage & Disk Capacity: _____
(for cameras only) Print Signature

Network Capacity & Availability: _____
(for cameras only) Print Signature

Police Department Comments:

FYI There is a re-occurring charge for software updates of \$45.00 per camera annually. Additionally, for new cameras, a one-time data storage fee of \$46.43 per camera. These charges will be billed by IAB.

*Please complete and fax to the Murray State Police Department
Attn: Security Systems Coordinator; FAX 270-809-3692 or (on campus) 3692.*