

Communications and CCTV Request Form

Information Technology SVC 4010 Phone: 813-974-1222 Fax: 813-974-5140

IT USE ONLY	
Project No.	
Work Order No.	

CONTACT INFORMATION DATE: _____ *Due Date: ____ Department: *Phone Number: *Name: _____ *E-Mail Address: *Fax #: ____ Physical Address: *Mail Point: *TYPE OF SERVICE REQUESTED: Check all that apply (double-click to enable checkbox) **Communications Services CCTV Services** ☐ Install New Service ☐ Add Voice Mail ☐ Install a Camera ☐ Move Current Service ☐ Install a New Jack ☐ <u>Upgrade a Camera</u> ☐ Upgrade Current Service ☐ Activate Data Jack ☐ Repair a Camera ☐ Downgrade Current Service ☐ De-Activate Data Jack ☐ Relocate a Camera ☐ Add Conferencing Service ☐ Add to Current Service ☐ Remove a Camera ☐ Remove a Current Service ☐ Remove Conferencing Service ☐ Install a New DVR ☐ Disconnect Permanently ☐ Replace a DVR Please provide a brief description of the service requested (or provide attachment): All work requests require a notice of 5 business days from the due date. ACCOUNTABLE OFFICER'S INFORMATION: *Name: _____ *Title: *Date: *Phone #: *Signature: * Labor & OCC: Operating Unit Fund ____ Dept ID ____ Prod ___ Init ____ Project ____ (Note: If you are using Fund 50000 a Budget Reference code is required) Monthly Charge: Operating Unit ____ Fund ____ Dept ID ____ Prod ____ Init ___ Project ____ (Monthly Charge account required for new services) Initial if Overtime is Approved