

## UCF Camera Installation Request Form

Name of Project: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Project Manager: \_\_\_\_\_ (Phone) \_\_\_\_\_

Department Requesting Work: \_\_\_\_\_

Department Point of Contact:  
(Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

### PROJECT DETAIL:

Number of cameras being installed: \_\_\_\_\_ Campus: \_\_\_\_\_

Software Being Used \_\_\_\_\_  
(Please select from the drop down menu)

Description of the Project:

Proposed Installation Company: \_\_\_\_\_  
(Please select from the drop down menu)

Company Point of Contact: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Recommended Actions:	Approved	Unapproved	Date
Joe Souza, Assistant Director, Security Management			
Mike Scruggs, Associate Director, CS&T			
Jeff Morgan, Director, Security & Emergency Management			
William F. Merck II, VP for Administration and Finance			