

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, UCF IT			
Jeff Morgan, Director, Security & Emergency Management			
William F. Merck II, VP for Administration and Finance			