

Murray State Police Department Alarm/Camera System Request Form

Instructions

Complete requested information.

1. Department Contact- the person most familiar with the requested project. This person should be available to meet with Murray State Police and alarm/camera system personnel.
2. Contact Information- include office/room number or location in addition to phone number and e-mail address.
3. Department or College- if more than one area is involved all departments must sign off and allocate billing percentages.
4. Service Requested- include a detailed narrative of services requested.
5. Location- include a detailed description of location(s). Maps and/or floor plans may be attached. Floor plans are available through MSU Facilities Management.

(Please keep a copy of request with the Department Chair before forwarding for signatures)

6. Billing Account Number- include billing account number and title of account
7. Account Budget Manager- include printed name as well as signature of person responsible for billing account. (Required for all work orders)
8. Approvals

*New or Replacement systems – Dean/Director and Area VP or Provost signatures are required prior to forwarding to Murray State Police Department.

Repairs – Dean/Director line must be completed and signed prior to forwarding to Murray State Police Department

Questions should be directed to the Security Systems Coordinator at 270-809-2222 (Murray State Police Department)

Fax or mail request to:
Murray State Police Department
Attn: Security Systems Coordinator
101 Public Safety Building
Murray KY 42071
Fax: 270-809-3692

*Upon receipt, Murray State Police will consult with Information Systems, Facilities Management, and/or the security system contractor. For new systems, request will be routed to approved vendor for cost estimate. Vendor will send estimate to MSUPD for routing to Dept. Contact for approval. Dept. must email or fax signed estimate to MSUPD indicating approval; and then complete a Purchase Requisition with estimate attached. Questions regarding completion of requisition should be directed to Procurement.

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, storage, maintenance and operation of \$54.00 per camera. An invoice will be provided and payment should be made by IAB.

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