

Request for Security Alarm System

Date: _____
 Request Made By: _____
 Telephone Number: _____
 Department/Department Head: _____
 Building/Location: _____ Room(s): _____
 Mailing Address: _____

Responsible Party (RP) Contact: (3 Required)

Name	Office Phone	Home Phone	Cell
1.			
2.			
3.			
4.			

What type of alarm system is being requested? (Check all that Apply)

- Intrusion Alarm (CSUPD Response.)
- Panic Alarm (Immediate CSUPD Response)
- Hold Up Alarm (Emergency CSUPD Response)

- New Installation
- Remodel/Relocation
- Custodial Access (Keyswitch Required)
- Local Non-Reporting
- Disconnect

Associated Costs (Installation and equipment costs are the responsibility of the customer)

Charge	Amount
Alarm - Facilities Maintenance, Testing (Annual Cost)	Provided with Security Alarm System Installation Costs
Alarm - CSUPD Response (Annual Cost)	Provided with Security Alarm System Installation Costs
After Hours False Alarm Reset	Two Hour Overtime Trip
Misuse, Unreported Damage, Continued False Alarms	Will be Reviewed by the Security Technology Committee for Actions to be Taken to Resolve the Issue(s)
Damage	Costs Associated to Repair Damage
Deactivation	Cost Associated With Removal

Signing below acknowledges that the requestor has received and read the University Security Alarm Systems Policy and agrees to comply as stated.

Requestor's Signature: _____

Return completed form to Facilities Management Dispatch or call (970) 491-0077.

- Security Technology Committee Approved.
- Security Technology Committee Disapproved.

Authorized Signature (STC Representative): _____ Review Date: _____