

# 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 \$70.00 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.*