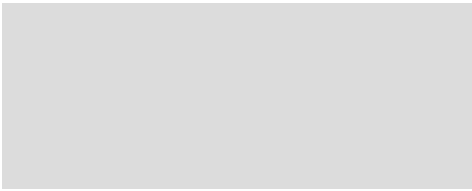


Security Camera Request Form



Please provide the following information and return this form to Lori Rendel - rendell@ferris.edu

Customer To Complete

Department Name Department Contact

Billing Contact

Name Building/Room

New and/or Replacement of existing camera(s)

New # of cameras needed Replacement # of cameras needed

Location of Cameras (Building/Floor or General Location)

Please provide a floor plan layout for each floor where a camera will be installed

Customer ID's and Level of Access Requested (Please denote student ID with *)

DPS Sergeant Tim Jacobs automatically has access to download and review camera footage.

Since data integrity of films is crucial to criminal prosecution, access greater than "view" is limited and must be approved by Tim Jacobs. You can also choose to have no access.

View = view live footage only View & Rewind = specialized access to rewind and review

No access needed for department

View Legal Name Student ID

View & Rewind

View Legal Name Student ID

View & Rewind

View Legal Name Student ID

View & Rewind

FOAP for initial cost (\$360/Camera)

Note: Bill will be generated by IT Services after SLA is signed

FOAP for annual maintenance (\$100/Camera)

Note: Bill will be generated annually by IT Services

IT Personnel To Complete

SLA Completed

Initial Billing Completed