



# Surveillance Camera Service Order

Email completed service order and supporting documents to [tcom-request@tamu.edu](mailto:tcom-request@tamu.edu). You will receive an automatic email from Help Desk Central providing a reference number (INC#). If you haven't received a response after two business days, reply to the original email or call 979.845.8300 with your INC# for a status update.

## New to Surveillance Cameras?

Follow the request process outlined on [it.tamu.edu](http://it.tamu.edu):

**Step 1:** Request approval for camera installation from AVST committee via the AVST Request Form.

**Step 2:** Request a quote by emailing [cameras@tamu.edu](mailto:cameras@tamu.edu).

**Step 3:** Complete and submit Surveillance Camera Service Order.

### Requestor/Departmental Coordinator Information

By filling out this form, you certify you are authorized by your unit to submit this work order.

Name: \_\_\_\_\_ Unit/College/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Billing Information

This is not an account change form. If you need to make changes to your account, refer to [Account Change Form](#).

Billing Contact Name: \_\_\_\_\_

Billing Contact Email Address: \_\_\_\_\_ Billing Contact Phone Number: \_\_\_\_\_

Mailstop/Mailing Address: \_\_\_\_\_

Account No. (xx-xxxxxx-xxxxx): \_\_\_\_\_ Department Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Service Requests

**Select ALL services needed:\***

Connect New Camera(s)

Update Authorized Camera Managers

Disconnect Camera(s)

Repair / Replace Camera(s)

Move Camera(s)

Number of Camera Locations: \_\_\_\_\_

Remarks: \_\_\_\_\_ Service Date Desired: \_\_\_\_\_



### Physical Location

Building Number:\* \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Camera Location(s): \_\_\_\_\_

*For complex installations, please send camera location descriptions as a supporting document with this service order.*

**Is this camera being moved?** *If yes, please fill out the following:*

New Building Number (if applicable): \_\_\_\_\_ New Room Number (if applicable): \_\_\_\_\_

### Authorized Camera Managers

*The following Camera Managers will have access to live and archival camera footage for the camera(s) on this form.*

Camera Manager	Name	Email	NetID
Camera Manager 1	_____	_____	_____
Camera Manager 2	_____	_____	_____
Camera Manager 3	_____	_____	_____