



Camera Project Request Form

Requestors Information

Name: _____ Date of Request: _____

Department: _____ Title: _____

Camera Information

Campus: _____ Building: _____ Room #: _____ # of Cameras: _____

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Campus: _____ Building: _____ Room #: _____ # of Cameras: _____

Campus: _____ Building: _____ Room #: _____ # of Cameras: _____

Campus: _____ Building: _____ Room #: _____ # of Cameras: _____

Justification for Camera Request: _____

Benefit to STC if camera request is completed: _____

I understand that it will be the requesting departments' responsibility to pay for any expenses incurred by this camera project. All expenses will be paid via IDT to the Department of Public Safety.

Requestors Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Financial Manager Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Please return completed form to the STC Department of Public Safety