

TELECOMMUNICATIONS CABLE TELEVISION INSTALLATION OR ACTIVATION REQUEST FORM

Contact Information:

Department: _____
 Name: _____
 Phone: _____
 Fax and e-mail: _____
 Campus Address: _____
 Date: _____

Billing Information for New Phone Line:

Account for installation charges: ** _____
 Authorized Signature: ** _____
 Billing address: _____

Use this form to request a new cable television jack installation or cable television jack activation.

Price List for state accounts (for non-state accounts, add 15.51 % surcharge):

Cable Television Jack installation	Cost is subject to price quote from vendor.
Activate existing cable television jack	\$90
Deactivate an existing cable television jack	\$36
Move an existing cable television connection to a new jack	\$36
Monthly charge per cable television connection	\$10

1. What is the department name (if different from above)? _____
2. Which building is this for? _____
3. What is the room number? _____
4. Do you need a new jack? _____ **YES or**
 (Check one) _____ **NO - If no, what is the available jack number?** _____
6. Who is the contact person to coordinate access for the technician? _____

All requests require a minimum of a 2-week notice from October through April and a 4-week notice for May through September.

For any additional questions, please call extension 7-3800 or e-mail us at: www.albany.edu/its/help.

Return this form to:

Telecommunications Office
 Management Services Center, Room 209
 or fax it to extension 7-3810.

A representative from the Telecommunications Office will contact you with the date this work is scheduled.

*****Account number and signature from an authorized signatory is mandatory. Requests will not be processed without these pieces of information.***

Office Use Only	
Date Vendor Contacted	
Date Quote Received	
Date Department Contacted With Quote	
Date Written Approval received from department	
Due Date	
Date Completed	
PO #	