

# TELECOMMUNICATIONS WIRELESS ACCESS POINT (WAP) INSTALLATION REQUEST FORM

**Contact Information:**

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

**Billing Information:**

Account for wiring/activation: \*\* \_\_\_\_\_  
 Authorized Signature: \*\* \_\_\_\_\_  
 Billing address: \_\_\_\_\_

Wireless access point installation costs vary greatly depending on a number of factors. In order to ascertain costs, ITS Telecommunications will arrange for a no cost estimate including wiring and appropriate hardware. Please complete the form to the address shown below.

1. What is the department name (if different from above)? \_\_\_\_\_
2. Building Name: \_\_\_\_\_
3. Room Number: \_\_\_\_\_
4. If possible, please provide a diagram of the room/area indicating the desired location of the access point to be installed. \_\_\_ (Check here if diagram is provided or will be provided.)
5. Who is the contact person to coordinate access for the technician? \_\_\_\_\_

If you have any questions, please feel free to call the Telecommunications Help Desk at extension 7-3800.

**Return this form to:**

Project Management Group  
 Telecommunications Office  
 Management Services Center, Room 209

-or-

fax it to extension 7-3810.

A representative from the Telecommunications Service Center will contact you with the costs for approval and 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	
PROJECT #	
Date Vendor Contacted	
Date Quote Received	
Date Department Contacted With Quote	
Date Written Approval received from department	
Due Date	
Date Completed	
PO #	
Cc:	Ron Thomas
	Tom Hoey