

Location # _____

Wiring/Electrical Data Request

Date _____

Request # _____

_____ School

_____ Room

_____ Teacher

_____ *Teacher's Email address*

School Request

_____ Site Administrator

_____ *Site Administrator's email address*

I plan to add _____ networked devices (computers, printers, etc). I plan to add a LaserJet Printer **Yes** **No**

I plan to add a Ceiling Mounted Projection Device **Yes** **No**

Details:

Please attach any room diagrams or other information that may be useful for this request

What is the funding source?

Building SBI Other

_____ *Site Administrator Signature*

After completing this section, please send hard copy and attached diagrams to Betsy at the ITSC

ITSC Use Only

Date: _____ Tech: _____ Phone: _____

_____ Number of Existing Taps

_____ Size of existing Hub Is it shared with another room? _____

_____ Number of empty ports in the Hub

_____ Is there power where network tap is being requested? (*Look for a gray outlet*)

_____ Number of existing networked devices

_____ Are there mini-hubs currently in use?

_____ Is the room air-conditioned?

_____ How many ports are in the Patch Panel? 24 or 48?

Additional information:

Maintenance Use Only

Request Date: _____ Action Date: _____ Electrician: _____

_____ Power Needed (Quantity)

_____ New circuit required _____ AMPS needed

_____ Architectural improvements needed Description:

Estimated Costs:

\$ _____ ITSC \$ _____ Electrical \$ _____ Data \$ _____ Architectural

Status

Site Approved **yes** **no** Budget # _____ Date Cancelled _____