

**REQUISITION FOR COMMUNICATIONS CABLING  
ALTERATION OR INSTALLATION**

Please complete this form and fax to 5230 or email to townsvilleswitch@jcu.edu.au

**User Details:**

Name \_\_\_\_\_ Initials \_\_\_\_\_ Title \_\_\_\_\_  
Position Description \_\_\_\_\_  
Division/Faculty \_\_\_\_\_  
Department / School \_\_\_\_\_  
Extension No. \_\_\_\_\_ Room Number \_\_\_\_\_ Building \_\_\_\_\_

**Work to be Carried Out**

**Alterations**

Relocate Outlet No. \_\_\_ From Room No \_\_\_ Building \_\_\_ to Room No \_\_\_ Building \_\_\_  
Relocate Outlet No. \_\_\_ From Room No \_\_\_ Building \_\_\_ to Room No \_\_\_ Building \_\_\_  
Relocate Outlet No. \_\_\_ From Room No \_\_\_ Building \_\_\_ to Room No \_\_\_ Building \_\_\_  
Relocate Outlet No. \_\_\_ From Room No \_\_\_ Building \_\_\_ to Room No \_\_\_ Building \_\_\_  
Relocate Outlet No. \_\_\_ From Room No \_\_\_ Building \_\_\_ to Room No \_\_\_ Building \_\_\_

Attach separate sheet for more outlets

**New Installation**

Install new comms outlet in:

Room Number \_\_\_\_\_ Building \_\_\_\_\_  
Room Number \_\_\_\_\_ Building \_\_\_\_\_  
Room Number \_\_\_\_\_ Building \_\_\_\_\_  
Room Number \_\_\_\_\_ Building \_\_\_\_\_  
Room Number \_\_\_\_\_ Building \_\_\_\_\_

**Account Details**

**Give posting code for charging for:** Installation Cost \_\_\_\_\_.

**Authorisation**

Authorised by Head of School, or authorised signatory: \_\_\_\_\_  
(Name - please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_