

# CAMS REQUEST FORM

**To add, change or move equipment:**

**Activity:**    Add ( ) Change ( ) Move ( ) Delete ( )

	New/From:	To:
PI Name		
Equipment DFI Number(s)	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
CAMS Jack number		
Equipment Type		
Building		
Room Number		
Alarm Limits		
Primary Contact		
Backup 1 Contact		
Backup 2 Contact		

Dept. Alarm Coordinator
Date
Signature .....
Notes:

**CAMS Administrator Only:**

Administrator Name
Point Name
Point Address
Date Point Was Enabled
Administrator Signature
Date