

NJ Division of Revenue & Enterprise Services (DORES) Office of Treasury Technology Interdepartmental Security Unit (ISU) PO Box 238, Trenton, NJ 08625-0238 Hotline # (609) 292-2273 - Fax (609) 943-4480 email: ISU@treas.state.nj.us	Interdepartmental Security Unit Security Service Request Form						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">ISU Estimate:</td> <td style="width:40%; padding: 2px;"> <input type="checkbox"/> Owned </td> <td style="width:30%; padding: 2px;">ISU SSRT #:</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Leased </td> <td style="padding: 2px;"></td> </tr> </table>	ISU Estimate:	<input type="checkbox"/> Owned	ISU SSRT #:		<input type="checkbox"/> Leased	
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	<input type="checkbox"/> Leased						

INSTRUCTIONS: Use this form to request access control and surveillance security project support from the ISU for both owned and leased space. It is not used for maintenance or access level programming changes, which should be requested by contacting the ISU Hotline directly. For project support, this form must be completed, signed and submitted by mail or Fax to the ISU for processing. Provide all useful data including funding source, desired due date and contact information. The ISU will make a broad estimate and channel submitted forms through the Division of Property Management & Construction (DPM&C) for initial review before planning functions begin. DPM&C must give final concurrence and prioritization prior to submission for the Purchase Order and ISU award to vendor for the initiation of projects.

Funding Source:	Fund:	Agency:	Org.:	Appr.:	Acct Cd:	Object:	Acct Proj:
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Requesting Organization	Department:	Bureau:	Request Date:
	Requestors Name & email address:	Requestors Phone:	Requestor Fax:

Building Information	Project Address:	Project City & Zip:	Requested Due Date:
	NJ State Building Manager Name & email:	Building Manager Phone:	Bldg Mgrs Fax:
	Landlord Name & email:	Landlord Phone:	Landlord Fax:

Project Description	Project Description: (Provide drawings, plans and photos where possible.)
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Agency Endorsement	Authorizing Officer Name:	Authorizing Officer Title:	Authorizing Officer Signature:	Agency Tracking #:
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INTERNAL USE ONLY - DO NOT WRITE BELOW (USE ATTACHMENTS)

DPM&C Initial Review	Lease #:	Disapproved: <input type="checkbox"/>	Review Date:
	Reviewer Name:	Reviewer Title:	Reviewer Signature:

DPM&C Final Review	Priority:	Disapproved: <input type="checkbox"/>	Review Date:
	Reviewer Name:	Reviewer Title:	Reviewer Signature: