
ALARMS & ACCESS CONTROL UNIT

University of California Police Department



(510) 643-9375

Date: _____

RE: Card Access Acct. # _____

Location _____

The University of California Police Department has established an account for your new access control system. The account will contain equipment maintenance records and annual billing information. To ensure that your account information is accurate, please complete the form below and return it to the UCPD Alarm & Access Control Unit, within ten (10) days. For assistance with your system or to obtain a copy of the appropriate campus policy, contact this office at 510-643-9375.

Thank you for your assistance.

Sherree Wiezer, Manager
Alarms & Access Control

System Contact: _____

Department: _____

Address: _____ MC: _____

Campus Phone: _____ E-Mail: _____

System Contact: _____

Department Head: _____

Address: _____

Billing Phone Number: _____ E-Mail: _____

BFS Account: 1 56633

SPEED TYPE:

Return forms to UCPD, Room 1 Sproul Hall, MC 1199, Attn: Alarms & Access Control.

CARDKEY SIGNATURE AUTHORIZATION LIST

Location: _____

In the spaces below, please provide names and signature of the the individuals authorized to make cardkey and building changes (please enter full names).

1) Name: _____
Work Phone #: _____ E-Mail: _____
Signature: _____

2) Name: _____
Work Phone #: _____ E-Mail: _____
Signature: _____

3) Name: _____
Work Phone #: _____ E-Mail: _____
Signature: _____

4) Name: _____
Work Phone #: _____ E-Mail: _____
Signature: _____