

Northwestern University
Communications Antenna, Microwave or Satellite Dish Site Request

Request Date: _____ Date Service Required: _____

Contact Name: _____

Contact Department or Firm: _____

Contact Telephone Number: _____

Location: _____

Describe purpose and user base/viewing audience:

If this request is for a TV service, indicate which program services are required (e.g., CNN, ESPN, etc.) and which satellite(s) are to be received (e.g., DBS, Galaxy IV, Spacenet, etc.)

This service will be for (check all that apply): **Downlink** ____ **Uplink** ____ **Terrestrial** ____

This service will be used (check one): **Continuously** ____ **As Needed** ____ **One Time** ____

If **As Needed**, indicate how often you expect to use the service: _____

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NU Departments Only

Expected Installation Cost: \$ _____ Expected Yearly Operating Cost: \$ _____

Funding Source (Include CUFS Number where applicable): _____

Please return completed form and other appropriate information via campus mail or fax to:

Patricia H. Todus
NU Information Technology
1603 Orrington – Suite 900
Evanston Campus
FAX Number: 847-467-5618

NUIT Contact Name: _____

NUIT Contact Phone: _____