ACNS/Telecommunications
Communications Room Equipment Installation Agreement
Version 3.1 (revision August, 2017)

It is agreed that _________________________________ (Department/College/Unit, hereinafter “Department”) may install equipment into the communication room, operated and managed by ACNS/Telecom, as described below provided that:

1) The equipment is rack mounted specifically where arranged with ACNS/Telecom.

2) It is agreed that this is on a “space available” basis. ACNS/Telecommunications reserves the right to reclaim the rack space provided the Department is given a minimum of 30 day notice.

3) The equipment and cables to the equipment are installed according to ACNS/Telecommunications’ Standards, e.g., cables are routed and supported properly, tied into bundles, dressed properly, of proper color, length and type, etc.

4) Equipment will be clearly and neatly labeled on the front with:
   - Contact name
   - Contact phone number
   - Contact e-mail address

   (It is recommended that these not be individuals as individuals change, but rather site central support contacts.)

Note: Access to the communication room is provided for separately (http://www.telecom.colostate.edu/communications-rooms.aspx)
**Equipment Description:**
Building and room#:_________________________________________________________

Number of rack space units needed:_____________________________________________

Number of power connections:__________________________________________________

Type of power connections: 110 or 208?:________________________________________

Description of equipment/project:_____________________________________________

**Charges:**
There is no charge for this service. However, current service fees may apply to address issues with equipment that is not properly cabled, maintained, mounted or kept in accordance with building standards. (Fees and standards listed at telecom.colostate.edu.)

**Signatures:**
**College/Department/Unit Director:**
Signature _____________________________________________ Date ____________
Printed Name __________________________________________

**ACNS/Telecom Director:**
Signature _____________________________________________ Date ____________