

MDU / COMMERCIAL PROJECT REQUISITION

Contact Name: _____ Date: _____

Business Name: _____

Contact Email: _____ Contact Number: _____

Project Name: _____

MDU Project Tracking Number: _____

State of Project: _____ City of Project: _____ Suburb of Project: _____

Multiple Dwelling Unit (Fill in MDU Design Information below) Multi Residential Estate (Fill in MRE Design Information on pg 2)

MDU DESIGN INFORMATION

MATV SMATV TDT FIBRE OPTIC DATA CCTV OTHER

Total Number of Units: _____ Number of Floors: _____

Number of Units per Floor: _____ Distance Between Floors: _____

Number of Risers & Distances Between: _____ Distance Dish / Antenna to 1st Device: _____

Location of Headend Equipment: _____

Shortest Lateral: _____ Longest Lateral : _____

Number Twin Wall Plates per Unit: _____ Foxtel System: _____

Total Number Twin Wall Plates Required: _____

Integrated FTA: Yes No Plan or Sketch Attached: Yes No

Number of Single Wall Plates per Unit FTA Only: _____ Total Number of Single Wall Plates Required FTA Only: _____

Existing Cabling: Yes No Type of Cable: RG6 RG11

(If there is existing cabling please provide brief description in NOTES section overleaf.)

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MRE DESIGN INFORMATION

MATV SMATV TDT FIBRE OPTIC DATA CCTV OTHER

Total Number of Residences: _____ Number of Floors per Residence: _____

Distance Between Floors: _____ Lead-in Cable Length: _____

Location of Headend Equipment: _____

Shortest Lateral: _____ Longest Lateral: _____

Number of Twin Wall Plates per Residence: _____ Foxtel System: _____

Total Number Twin Wall Plates Required: _____

Integrated FTA: Yes No Plan or Sketch Attached: Yes No

Number of Single Wall Plates per Residence FTA Only: _____

Total Number of Single Wall Plates Required FTA Only: _____

Existing Cabling: Yes No Type of Cable: RG6 RG11

(If there is existing cabling please provide brief description in NOTES section below.)

Is System Part of a Larger Estate: Yes No

NOTES

Please insert all additional relevant information here:

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