(CLASSIFY AS APPROPRIATE WHEN FILLED IN)

(U) FACILITY: (Crganization/Company Name) (U) STREET: (Complete Address) (U) CITY: STATE: ZIP: (S/SAR) BLDG NUMBERS: (Program Areas) (Program Areas) (S/SAR) ROOM NUMBERS: (Program Areas) (S/SAR) ROOM NUMBERS: (Program Areas) (S/SAR) DATE ALL CONSTRUCTION COMPLETED: (If Applicable) (S/SAR) DATE ALL EQUIPMENT/FURNISHING IN PLACE: (Equipment Must Be Operational) (U) HIGHEST CLASSIFICATION LEVEL: (S/SAR) DESIRED DATE: (S/SAR) DATE OF LAST SURVEY: (If Known) (U) GOVT SECURITY MANAGER: WORK PHONE: HOME PHONE: (U) FACILITY POC: (Security Manager) (U) FACILITY POC: (Alternate Security Manager) (U) ALTERNATE POC: (Alternate Security Manager) (S/SAR) REASON SURCEY NEEDED (Signature of In-Place Security Manager) (U) Note: At a minimum, include a sketch or building diagram. When available, submit blueprints. Include overall area/discretistics such as construction, types and locations of equipment (computers, alarms, radio equipment), windows and any other factor potentially affecting security. Preferred method of receipt is on 8 1/2" x 11" paper. Use of this size may require copy reduction. If not feasible, forward attachments separately.	TSCM Request (U)		
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TSCM Request PREVIOUS EDITIONS ARE OBSOLETE