

## **CUtv Order Form**

Last Name:	First Name:
UNI:	PID #:
Building:	Room #:
Contact number:	Jack #:

Comments:

## I would like to order CUtv Cable TV Service:

Please include your name and the date when you save the form, and email it to <u>askcuit@columbia.edu</u>.

• CUIT will bill your account \$115 for the Fall/Spring semester or \$90 for the summer. The fee is not prorated and is non-refundable. Once you submit your form, your service should be activated within 3 business days.

By typing my name into this form, I agree to pay all CUtv service charges on my Columbia University account.

Signature:

Date