

TELECOMMUNICATIONS SERVICE REQUEST FORM

DATE: _____

SR# _____

DEPARTMENT: _____

CONTACT PERSON: _____

PHONE #: _____



ACTION	EQUIPMENT	PHONE #	LOCATION
<input type="checkbox"/> Install Telephone	<input type="checkbox"/> M8009	_____	Building _____
<input type="checkbox"/> Install Phone Line	<input type="checkbox"/> M9110		Room _____
<input type="checkbox"/> Remove Phone Line	<input type="checkbox"/> M5008		
<input type="checkbox"/> Remove Phone	<input type="checkbox"/> M6320		
<input type="checkbox"/> Relocate Line	<input type="checkbox"/> M9316		From Building _____
<input type="checkbox"/> Relocate Phone	<input type="checkbox"/> M622 Add-on		From Room _____
<input type="checkbox"/> Add Voice Mail	<input type="checkbox"/> Other _____		To Building _____
<input type="checkbox"/> Unified Messaging	<input type="checkbox"/> Delete Voice Mail		To Room _____
Voice Mail Name _____			
E-mail Address _____			

DESCRIPTION:

PLEASE CHECK THE APPROPRIATE LINES:

Allow unrestricted long distance

Restrict long distance

Require PIN personal identification number If Yes, Name _____

Acct.# _____

INSTRUCTIONS:

Check all appropriate boxes. Fill in the complete location information. Write special instructions in the description area. Call Telecommunications at 581-5951 for assistance in filling out this form and to receive the estimated costs. All service orders must be signed by the fiscal agent when this request is submitted.

One Time Service Charges \$ _____

Monthly increase/decrease \$ _____

FISCAL AGENT SIGNATURE _____

ACCOUNT NUMBER _____

OFFICE USE ONLY:

Call Forward Busy to Voice Mail _____

S & E Code _____

Mailbox Type _____

Call Forward Don't Answer to Voice Mail _____

Bill Voice Mail to Phone # _____

Account # _____