

Telecommunications Service Request Form

(Fax completed form to ext 3762 - Office of Telecommunications, Questions, call x2559)

1. Name: _____ 2. Extension: _____ 3. Bldg/Flr: _____

4. Department Name: _____ 5. Dept Head Approval: _____

6. Request Date: _____ Email Address of Contact _____

8. Dept/Unit Contact: _____ 9. Contact Ext.: _____ 10. Dept Acct.: _____

11. Data Jack Request*

12. Telephone Service

(*Must complete a ticket with the iTD Help Desk, Ext. 3963.)

13. Change in Service:

Move Change Remove Add (New Service)

14. Type of Service Requested:

Extension Voice Mail Fax or Modem Cable TV

15. Name on extension/voicemail:

16. Date/Time availability:

Date: _____ Time: _____

Department Telephone Project

*Please call ext. 2559 to schedule a meeting to discuss any moves/installs involving three or more extensions.

Additional comments or other needs

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For Telecommunications Use Only

Telephone Model: NCOS:

Approved

Denied Required, Funds Transfer to LI0315-1700