

Telecommunications Service Request Form

(Fax completed form to x3762 - Office of Telecommunications, Questions, call x2559)

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

4. Department Name: _____ Dept. Head Approval _____

6. Request Date: _____ Email Address of Contact _____

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

11. Data Jack Request* 12a. Desktop Telephone Service 12b. Mobile Telephone Service
*ITD must receive funds for annual service before ordering
(*Must complete a ticket with the ITD Help Desk, Ext. 3963.)

13. Desktop Telephone Service

Move Change Remove Add (New Service)

14. Type of Service Requested:

Extension Voice Mail Fax or Modem Telephone Directory

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

17. Mobile Telephone Service New Service Transfer Existing Service

Android iPhone HotSpot Mobile phone #: _____

Purpose of mobile service

For Telecommunications Use Only

Telephone Model: _____ NCOS: _____

Approved _____

Denied _____ Required, Funds Transfer to LI0317-1725 _____