

TELEPHONE SERVICE REQUEST

(One form per phone set)

Log # _____

REQUESTOR _____ CONTACT EXT. _____ DATE _____

ACCOUNT # _____ APPROVAL _____

DEPARTMENT _____

TELEPHONES

USER NAME _____ MAIL STATION _____

*INSTALL _____ ROOM NO. _____ (NEW EXT) _____
(type of phone)

(IF MULTI-LINE PHONE OR MULTI-FUNCTION, ATTACH CORRECT TEMPLATE FORM)

*RELOCATE _____ FROM ROOM NO. _____
(ext.)

TO ROOM NO. _____

PHONES REQUIRED _____ FAX/MODEM LINE _____

CHANGE _____
(describe)

DISCONNECT _____ ROOM NO. _____
(ext.)

LIST NUMBER WITH MAIN CAMPUS OPERATOR? - YES/NO

LISTED HOW? _____

*ATTACH ROOM DIAGRAM IF MORE INFORMATION IS NECESSARY

VOICE MAIL

CREATE/DELETE MAILBOX EXT _____

LONG DISTANCE

ALLOW/DENY LD ACCESS EXT _____

CALLING CARD Yes/No INTERNATIONAL ACCESS Yes/No

TELECOMM NOTES

Cable Required _____

New Pair No. _____

Relo Pair No. _____

CHARGES

Equipment _____

Labor _____

Cable/Jacks _____

AUTHORIZATION CODE _____

COMMENTS _____

OS _____ VMX _____ Technician _____ / Date Completed _____