

TELEPHONE SERVICE REQUEST FORM

Order Number _____
 Date _____ Agency/Division _____
 Building Name _____ Room Number _____
 Accounting Unit _____ Contact Person _____
 Reach Number _____ Date Needed By: _____
 Approved by Dept/Mgr Signature _____
 Approved by Physical Plant Director _____

NEW INSTALLATIONS

Telephone Number _____ (assigned by DCS TCD)
 Diversion Point _____ Jack Number _____ Room _____
 Dial Level _____ Voice Mail Yes No
 Instrument Type _____ User's Name _____

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Telephone Number _____ (assigned by DCS TCD)
 Diversion Point _____ Jack Number _____ Room _____
 Dial Level _____ Voice Mail Yes No
 Instrument Type _____ User's Name _____

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Telephone Number _____ (assigned by DCS TCD)
 Diversion Point _____ Jack Number _____ Room _____
 Dial Level _____ Voice Mail Yes No
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Remarks:

MOVES, ADDS, CHANGES AND DISCONNECTS

1. **Moves:** indicate jack or room numbers.
2. **Adds:** indicate cords, handsets, etc.
3. **Changes:** indicate diversion points, sets, or removal.
4. **Disconnects:** use only for complete removal of number and phone.

TELEPHONE #	ACTION	PRESENTLY	MOVES/ADDS/CHANGE TO

HUNT GROUPS

PILOT NUMBER: _____

1ST MEMBER: _____

2ND MEMBER: _____

3RD MEMBER: _____

4TH MEMBER: _____

5TH MEMBER: _____

6TH MEMBER: _____

CALL PICK UP GROUPS

PILOT NUMBER: _____

1ST MEMBER: _____

2ND MEMBER: _____

3RD MEMBER: _____

4TH MEMBER: _____

5TH MEMBER: _____

6TH MEMBER: _____

Remarks: