

REQUEST FOR TELECOMMUNICATIONS SERVICE FORM

THIS AREA MUST BE COMPLETED

Date: _____ Date Service Requested: _____
Contact Person: _____ Priority 1- Emergency Work To Be Done Immediately
Contact Number: _____ Priority 2- Regular Scheduled Work
Division/Dept: _____

Requests for priority service must be submitted with written justification, and approved by the IST Manager Maurice Jenkins

Location: _____

Description Of Work _____

Telephones: (Check Choices)

Single line desk / Single line wall
Meridian 3903 Display (4 Lines)
Meridian 3904 Display (12 Lines)

Phone Lines: (Check Choices)

External Use Only
Internal Use Only
External & Internal Use

Data Service: (Check Choices)

Install Data Port
Activate Data Port
Delete Data Port
Other: _____

FEATURES: (Check Choices)

Bell chimes
Call Forwarding
Call Pick Up
Call Transfer
Speed Dial
Caller Name Display: _____

Long Handset Cord
Long Mounting Cord
Fwd. If Busy to Ext. ____
Conference
Headset

Voice Mail w/Operator (Required) ____
Long Distance Capability
Fwd. If no answer to ext. ____
Intercom
Other: _____

Billable to:

(1) MDAD Telecomm _____ (2) Project No: _____ (3) Other: _____

Signatures Required For Processing:

Manager's Approval: _____

(Please Print) _____

Manager, Information Systems (priority work only) _____

(FOR TELECOMMUNICATIONS USE ONLY)

Date Received: _____ Due Date: _____
IPON Number: _____ ORG Code: _____
TSR Number: _____

(1) Per Contract ____ (2) Price Quote ____ (3) Work to be done on T&M ____

**Forward to Telecommunications for Processing: Lorraine Jones 305-876-0932 - Guelsys Copin 305-876-7131 - Barbara Grant 305-876-8078
Fax Number: 305-876-0993 revised 5/06**