

**MISSOURI WESTERN
TELEPHONE AND CELL PHONE REPAIR FORM**

Hearnes 110
816-383-7171

Reported by _____

Date _____ Time _____ am/pm

Building _____ Room Number _____

Phone Number _____ Dept Number _____

Description of Problem

Signature of person making request _____

Signature of supervisor _____

SIGNATURE REQUIRED BEFORE SERVICE COMPLETED

Please forward to Telephone Services, Hearnes 110 or Fax to 7125

TELEPHONE SERVICES OFFICE USE ONLY

Reported to _____ Date _____ Time _____

Technician responded _____ Date _____ Time _____

Type of repair _____

Charges _____

Reported to _____ Date _____ Time _____

Technician Responded _____ Date _____ Time _____

Type of repair _____

Charges _____

