REQUEST FOR TELEPHONE SERVICES
(please allow 14 working days for completion of orders)

Date_____Possible date for completion_____

Dept #_____Dept Name_____

Room_____Building_____

Phone Number(if available)_____ Directory Listing_____

Type of Telephone Single line_____ Color (beige only)_____

Business set_____special order Color (black, ash, gray)_____

Should this phone be able to dial long distance?_____

FEATURES

Call Forward Don't Answer_____ What Number?_____

Call Forward Busy_____ What Number?_____

Call Pickup_____ What Numbers?_____

Speed Call_____ 10(no charge)_____ 30(.30 monthly)_____

50(.50 monthly_____ 70(.70 monthly)_____

Voice Mail_____Should this voice mail have the capability of "0" to another number?

What number_____?

Signature of person making request_____

Signature of supervisor approving request_____

SIGNATURES REQUIRED BEFORE SERVICE COMPLETED

Detailed Description of Request

_____

_____

_____

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_____

Please forward this form to Telephone Services, Hearnes 110 or Fax 7125.

Telephone Services Office Use

State_____DTEC_____E911_____Directory_____

Charges:State:_____DTEC:_____MWSC_____JE_____