

**REQUEST FOR TELECOMMUNICATIONS SERVICE FORM - Annex B**

**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**