TELECOMMUNICATIONS OPERATIONS DIVISION
TELEPHONE SERVICE REQUEST

Attachment

*****ALL DIRECTORY/BILLING FIELDS MUST BE COMPLETED*****

DIRECTORY INFORMATION

____*Published* ____*Unlisted* ____*Contractor*

First Name: _____

Last Name: _____

Phone Number: _____

Agency: _____ **Routing Symbol:** _____

Building: _____ **Room:** _____

BILLING INFORMATION

_____

Billing Account Code

====== **TASC USERS ONLY** ======

_____

DELPHI Org Segment

SERVICE REQUIRED

____ *Add*
____ *Move*
____ *Swap Inside Move w/* _____
____ *Delete*
____ *Re-designate*
____ *Directory Change*
____ *Other*

_____

_____

____ **Single-Line**
____ **Multi-Line**

Type of Equipment: _____

____ **Voice**
____ **Data/Modem**
____ **Fax**

FROM:

Room Number: _____

Cable Number: _____

CLASS OF SERVICE: _____

FEATURE PACKAGE: _____

List an existing number in Speed Call Group:

_____

List an existing number in Call Pickup Group:

_____

On Busy to Extension: _____

No Answer to Extension: _____

Group Intercom Number: _____

Member Number: _____

Call Waiting: ____**Yes** ____**No**

TO:

Room Number: _____

Cable Number: _____

CLASS OF SERVICE: _____

FEATURE PACKAGE: _____

List an existing number in Speed Call Group:

_____

List an existing number in Call Pickup Group:

_____

On Busy to Extension:_____

No Answer to Extension:_____

Group Intercom Number:_____

Member Number: _____

Call Waiting ____**Yes** ____**No**

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