



Information Technology and Support Services
Telco Service/Wiring Request Form



Requestor Information (Please be sure to print clearly)			
Full Name:		Date:	
Position/Title:		Phone:	
Building/Dept:		Room #	
<p>PLEASE NOTE: All requests require a minimum of five (5) days advance notice. This form is to be used for ALL requests involving telephones, voice mail, and associated billing. All requests for telephone repairs and resetting voice mail passwords, etc. must be made via the Help Desk at (908) 731-4999.</p>			
Type of Request			
Move <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Disconnect <input type="checkbox"/> Other:			
Equipment/Systems Affected			
Phone <input type="checkbox"/> Fax <input type="checkbox"/> Voice Mail <input type="checkbox"/> Other:			
Goal:		Metric:	
Comments:			

Required Signatures		
Requestor Signature		
Administrator Name		Date:
Administrator Signature		Budget Code:

Quotes and supporting documentation for associated Material, Wiring and Labor costs must be attached for ITSS/Assistant Superintendent of Administrative Services approval.		
Telco Name		Date:
Telco Signature		

Required Signatures		
ITSS Director Name:		Date:
ITSS Director Signature		
Asst. Supt. of Admin. Svcs. Name		Date:
Asst. Supt. of Admin. Svcs. Signature		