



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 # | |

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.

Type of Request

Move Add Change Disconnect Other: _____

Equipment/Systems Affected

Phone Fax Voice Mail Other: _____

Goal: _____ Metric: _____

Comments: _____

Required Signatures

| | | | |
|----------------------------|--|--------------|--|
| Requestor Signature | | Date: | |
| Administrator Name | | Budget Code: | |
| Administrator Signature | | | |

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 | | | |