

Hawaiian Telcom Request to Use Premises Wiring at the University of Hawaii at Manoa (UHM)

Service Requester: _____

Contact Name: _____ **Phone Number:** _____

Service Address: _____

Description and Location of Service:

Include specific type of service (i.e. B-1, ISDN BRI/PRI, 56K Frame Relay, etc.) and specific end location. Reference UHM TR# (if applicable) and attach a copy of work authorization.

Number of Pairs Required: _____

Justification:

Include information on all possible options that were exhausted (if applicable). Attach additional sheet if necessary.

Submitted by: _____ **Date:** _____
Signature

Type or Print Name and Title

Concurred by: _____ **Date:** _____
Hawaiian Telcom Account Manager

The University of Hawaii at Manoa (UHM) hereby authorizes Hawaiian Telcom to utilize the UHM-owned cabling assigned below:

Cable Number: _____ Cable Pairs: _____
Cable Number: _____ Cable Pairs: _____
Cable Number: _____ Cable Pairs: _____

Demarcation Points: _____

Notes: _____

Approved: _____ **Date:** _____
UHM Telecommunications Manager