

**TELECOM REQUEST**

DATE \_\_\_\_\_

USER AGENCY  
NO. \_\_\_\_\_

TR NO. \_\_\_\_\_

TO Dept. of Accounting & General Services  
Information and Communication  
Services Division  
Kalanimoku Building, Basement  
1151 Punchbowl Street  
Attn: Telecommunications Services Branch

REQUESTOR/PROJECT COORDINATOR

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

VIA \_\_\_\_\_

LOCATION OF SERVICE \_\_\_\_\_

FROM

(Dept/Div)

(Branch)

(Billing Address)

BLDG \_\_\_\_\_ ROOM \_\_\_\_\_ PHONE \_\_\_\_\_

☐ CPE ☐ CENTREX ☐ PURCHASE ☐ LEASE PURCHASE ☐ LEASE ☐ OTHER ☐ 24 HOUR FACILITY

DESCRIPTION

JUSTIFICATION

ESTIMATED COSTS

MONTHLY \$ \_\_\_\_\_ ANNUALLY \$ \_\_\_\_\_ INSTALLATION \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Attach Quotations, Proposals, Diagrams or Brochures (Use additional sheet as required)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Department Authorization

Title

APPROPR SYMBOL TO BE

CHARGED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Dept. Telecom Coordinator

PHONE \_\_\_\_\_

ICS DIVISION

(FOR DAGS USE ONLY)

Reviewed by \_\_\_\_\_

☐ DISAPPROVE REASON

Approved by \_\_\_\_\_

Title Manager, Telecom. Services Branch

(SERVICE REQUEST, TELEPHONE COMPANY USE ONLY)

PLEASE PROVIDE THE FOLLOWING INFORMATION & RETURN TO DAGS/ICSD, TELECOM. SERVICES BRANCH  
ESTIMATED

TELEPHONE CO. SERVICE ORDER NO. \_\_\_\_\_ Service Charge \$ \_\_\_\_\_

RELATED TELEPHONE NO (s) \_\_\_\_\_ Recurring \_\_\_\_\_

(Instructions on Reverse Side)

Completion Date \_\_\_\_\_