

TELECOMMUNICATIONS BRANCH

TELEPHONE SERVICE REQUEST

RETURN TO: Telecommunications Branch Loc.Code 0221, 10th flr. Beaudry Bldg. 213-241-2525

- This form is to be used for all modifications involving telephones, lines, voice mail, and billing.
- All requests require advance notice.

I. TO BE COMPLETED BY REQUESTING SCHOOL/OFFICE (Please print or type)

A. Date _____ School/Office _____
 District _____ Fax No. _____
 Contact Person _____ Telephone No. _____
 Reason for Request _____

B. Billing information:

Account to be Charged: Fund No. _____ Area _____ Organ. code _____ Program _____ *Object _____
 Specially Funded: Y _____ N _____ Special Project Name / Job # _____
 Approval: _____ (Principal/Administrator) Date _____

**Object code 5901, must be opened*

C. LOCATION OF WORK TO BE DONE:

Organization/Location Code _____

School/Office Name _____
 Building _____
 Address _____ Rm.No.(s) _____
 City _____ Zip Code _____
 Contact @ Site _____ Telephone No. _____
 Move existing telephone(s) within same building or at same address. Provide telephone and extension numbers
 Requested Move Date: _____
 Install additional telephone (s). Specify type.
 Other _____

List telephone number(s) and extension(s) involved: _____

DESCRIPTION: Provide detailed description of work to be completed (See Reverse). If stolen/vandalized, give date of occurrence, and District Police Reporting Number. Attach additional pages if needed.

II. DO NOT WRITE BELOW THIS LINE:

TYPE OF REQUEST	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD	<input type="checkbox"/> DISCONNECT
<input type="checkbox"/> Approval as requested.			<input type="checkbox"/> Additional information required
<input type="checkbox"/> Approved with modification			_____
<input type="checkbox"/> Other _____			at _____
<input type="checkbox"/> Adequate funding not available- contact your District Fiscal Specialist			<input type="checkbox"/> Conduit or cable required
<input type="checkbox"/> Exceeds Guidelines			
<input type="checkbox"/> Spoke with _____ Date _____			

Tracking # _____ Assigned to _____ Purchase Order # _____ Date Processed _____