



Communication Services Request Form

PHONE, VOICEMAIL, AND FAX REQUESTS

Use this form to request communication services for phones, voicemail, and faxing. Please complete one form per service request. Incomplete forms will be returned. **The 911 Services section is required for new purchases and relocations.***

<input type="checkbox"/> Purchase a New Communication Device			
Fill out this section to purchase a new phone for an incoming employee or position, a new conference phone, or an ATA adapter for fax machines. New communication devices will automatically be assigned a new phone number. Prices are subject to change.			
Device Model	Price	Name on Main Line	Add Voicemail
Cisco IP Phone 794X (2 lines)	\$300		<input type="checkbox"/> (+\$50)
Cisco IP Phone 797X (6 lines)	\$375		<input type="checkbox"/> (+\$50)
Cisco IP Conference Phone	Varies		N/A
Cisco ATA (required to fax)	\$225		N/A

<input type="checkbox"/> Communication Device Relocation	
Fill out this section to request permission to move a communication device to a new location. Device cannot be moved until permission is granted by Campus Computing.	
Phone Number (Main Line):	
Current Location (Bldg./Room):	
Requested Move Date:	
<i>Please provide new location information in the 911 Services section below.</i>	

<input type="checkbox"/> Phone Personalization Modification	
Fill out this section to request a name change on a main line and/or voicemail settings. This section is used when an outgoing employee is replaced by a new hire. Make sure spelling of the name is correct.	
Phone Number (Main Line):	
New Employee Name:	
Reset Voicemail Box (Y/N):	
Phone Moving (Y/N):	

<input type="checkbox"/> 911 Services Information* (Required for ALL new purchases and relocations.)	
All communication devices are registered with the Pinellas County 911 services. In the event of an emergency, 911 calls will provide emergency services with the location from which the call has been placed. This information is required for all new purchases and moves. Provide the physical location where the communication device will be placed/moved to.	

Building:		Room #:	
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<input type="checkbox"/> Additional Information & Requests (Additional line configurations, inoperable devices, etc.)	
Please include any other specific requests in this section. Include pertinent location, device, and issue information.	

<input type="checkbox"/> Contact Information	
Contact information of the person receiving the communication service.	
Name:	Phone:
Email:	Office:

<input type="checkbox"/> Accountable Officer and FAST Chartfield Information	
Requests for phone and fax services must be submitted by an Accountable Officer. Hardware purchases and services rendered will be billed as applicable.	

Name:	Title:					
Email:	Phone:					
Op Unit:	STP	Fund:	Dept:	Prod:	Init:	Proj:

Signature: _____	<i>CAMPUS COMPUTING USE ONLY</i>	
	Total Hours:	
	Total Cost:	
		<input type="checkbox"/> Call Manager <input type="checkbox"/> Unity <input type="checkbox"/> PRTG <input type="checkbox"/> 911