

# TELECOMMUNICATIONS DISCONNECT FORM

## Contact Information:

Department: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax and e-mail: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Date: \_\_\_\_\_

## Billing Information:

Account number for work order: \*\* \_\_\_\_\_

Authorized Signature: \*\* \_\_\_\_\_

## Price List for state accounts (for non-state accounts, add 15.51 % surcharge):

Disconnect a phone line: \$51

Remove a bridge: \$51

***\*\*New rates are in effect as of  
April 22, 2011\*\****

1. What is the department name (if different from above)? \_\_\_\_\_
2. Which building is this for? \_\_\_\_\_
3. What is the room number? \_\_\_\_\_
4. Which extension do you want deactivated? \_\_\_\_\_
5. Who was assigned to this extension? \_\_\_\_\_
6. Is this person still working at the University? \_\_\_\_\_ YES, If so, what is his/her new extension or  
(Check one) department? \_\_\_\_\_  
\_\_\_\_\_ NO
7. Who is the contact person to coordinate access for the technician? \_\_\_\_\_

All requests require a minimum of a 2-week notice from October through April and a 4-week notice for May through September. For any additional questions or immediate assistance, please call our [help desk @73800](tel:73800)

### Return this form to:

Telecommunications Office,  
Management Services Center, Room 209  
or  
fax it to extension 7-3810.

A representative from the Telecommunications Office will contact you with the date this work is scheduled.

***\*\*Account number and signature from an authorized signatory is mandatory. Work orders will not be processed without these pieces of information.***