

TELECOMMUNICATIONS DATA JACK INSTALLATION OR ACTIVATION REQUEST FORM

Contact Information:

Billing Information for New Phone Line:

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

Account for installation charges: ** _____
 Authorized Signature: ** _____
 Billing address: _____

Use this form to request a new data jack installation or data jack activation.

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

****New rates are in effect as of August 1, 2004****

New jack installation	Cost is subject to price quote from vendor.
Activate data jack	\$200
Deactivate & Activate data jack	\$88
Activate voice jack	\$75
Move an existing extension to a new voice jack	\$115
Monthly charge per extension for voice jack	\$25

1. What is the department name (if different from above)? _____
2. Which building is this for? _____
3. What is the room number? _____
4. Do you need a new jack? _____ **YES or**
 (Check one) _____ **NO - If no, what is the available jack number?** _____
5. Do you need a new extension for _____ **YES** (if so, another form will be sent to you to activate that jack)
 the voice jack? (Check one) _____ **NO**
6. Who is the contact person to coordinate access for the technician? _____

If you have any questions, please feel free to call the Telecommunications Service Center @ 7-3800.

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. Requests will not be processed without these pieces of information.***

Office Use Only	
Date Vendor Contacted	
Date Quote Received	
Date Department Contacted With Quote	
Date Written Approval received from department	
Due Date	
Date Completed	
PO #	
Cc:	Ron Thomas
	Tom Hoey