TELECOMMUNICATIONS DATA JACK INSTALLATION OR ACTIVATION REQUEST FORM

Contact Information:

Department: ____________________________
Name: _________________________________
Phone: ________________________________
Fax and e-mail: _________________________
Campus Address: _______________________
Date: _________________________________

Billing Information for New Phone Line:

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 _____ NO - If no, what is the available jack number? ______
   (Check one)
5. Do you need a new extension for the voice jack? (Check one) _____ YES (if so, another form will be sent to you to activate that jack) _____ 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.**

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<th>Office Use Only</th>
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<tbody>
<tr>
<td>Date Vendor Contacted</td>
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<tr>
<td>Date Quote Received</td>
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<tr>
<td>Date Department Contacted With Quote</td>
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<tr>
<td>Date Written Approval received from department</td>
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<tr>
<td>Due Date</td>
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<td>Date Completed</td>
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<tr>
<td>PO #</td>
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<tr>
<td>Cc: Ron Thomas</td>
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<tr>
<td>Tom Hoey</td>
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