

# TELECOMMUNICATION SERVICE REQUEST

NJARNGR 105-23

FROM: (Dept/Facility)	DATE:
PERSON TO CONTACT AT LOCATION:	TELEPHONE:

**REASON FOR REQUEST:**

- |  |  |
|--|--|
| (1) <input type="checkbox"/> New Service           | (6) <input type="checkbox"/> Move to new location              |
| (2) <input type="checkbox"/> Service disconnect    | (7) <input type="checkbox"/> Service review and recommendation |
| (3) <input type="checkbox"/> Feature rearrangement | (8) <input type="checkbox"/> Directory listing                 |
| (4) <input type="checkbox"/> Additional extensions | (9) <input type="checkbox"/> Other (Describe below)            |
| (5) <input type="checkbox"/> Inside moves          |  |

Date service required

Special requests, work details, directory and name changes, justification, other, etc. (Attach floor plan or extra sheet if necessary.)

Printed/Typed NAME OF AUTHORIZING OFFICIAL:	SIGNATURE:
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Submit to : NJDMAVA, CIO-TELECOM, Eggert Crossing Rd, Trenton, NJ 08625-0340

## TELECOMMUNICATION OFFICE USE

REQUEST APPROVED (Y/N) BY:	SERVICE ORDER NUMBER:		
VENDOR:	PC/CNTL NUMBER:	DUE DATE:	CIO-TELECOM DUE DATE:

MATERIALS/REMARKS:

WORK COMPLETED BY:	DATE:	TIME STOP:
WORK ACCEPTED BY:	DATE:	TIME START:
		TOTAL:

DIRECTORY CHANGES – N/Y List below old & new:  
Name Number

INPUT COMPLETE BY:  
Dept/Org