




Telecommunications Service Request

Submit to: Telecommunications MS 228, Fax: ext. 3405, Email: telecom@fnal.gov

See [Instructions](#) for assistance completing this request.

Please allow 2 weeks for processing

| | |
|---|--|
| Date of Request: | Date Needed: |
| Division, Section, or Center: | Department: |
| Location of Work (BLDG, FLOOR, RM): | |
| Existing Phone Numbers: | |
|  | |
| Contact: Name, Ext., Location | Approval: Supervisor or Division Designate |

DESCRIBE WORK DESIRED IN SPACE BELOW:
 If necessary, please provide a diagram of the work requested. Include desired calling features or restrictions, new numbers or data circuits required, and phone equipment required. If requesting a new display phone, please attach a completed [purchase requisition](#). If requesting voicemail, please provide 1) Name & ID#; 2) mail station; 3) type of phone.

Work Desired:

INSTALLER USE ONLY

| | | |
|------------------------|----------|------------|
| EXT# _____ EXB01 _____ | Location | S/N & Type |
| Hse/Pair | | |
| Hse/Pair | | |
| Hse/Pair | | |
| EXT# _____ EXB01 _____ | Location | S/N & Type |
| Hse/Pair | | |
| Hse/Pair | | |
| Hse/Pair | | |
| EXT# _____ EXB01 _____ | Location | S/N & Type |
| Hse/Pair | | |
| Hse/Pair | | |
| Hse/Pair | | |
| EXT# _____ EXB01 _____ | Location | S/N & Type |
| Hse/Pair | | |
| Hse/Pair | | |
| Hse/Pair | | |

TELECOM USE ONLY BELOW THIS LINE

FOR FERMI / AT&T USE ONLY

| | | | |
|--|-----------------|-----------------|--|
| | FERMILAB | AT&T | |
| Order Number | | | |
| Order Date | | | |
| Placed By / To | | | |
| Due | | | |
| Date Completed | | | |
| <u>VOICEMAIL</u> _____ ADDED / REMOVED _____ | | | |