




# Telecommunications Service Request

Submit to: Telecommunications MS 228, Fax: ext. 3405, Email: [telecom@fnal.gov](mailto:telecom@fnal.gov)

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

Please allow 2 weeks for processing

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

### INSTALLER USE ONLY

#### **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:**

EXT# _____ EXB01_____	Location	S/N & Type
VoIP Gateway/Port		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01_____	Location	S/N & Type
VoIP Gateway/Port		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01_____	Location	S/N & Type
VoIP Gateway/Port		
Hse/Pair		
Hse/Pair		
EXT# _____ EXB01_____	Location	S/N & Type
VoIP Gateway/Port		
Hse/Pair		
Hse/Pair		

#### TELECOM USE ONLY BELOW THIS LINE

#### FOR FERMI / AT&T USE ONLY

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