

Submit to: Telecommunications MS 228, Fax: ext. 3616, 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:	
Telset Tag:	Property Tag: <small>For Cisco VoIP phones only</small>
Contact: <small>Name, Ext., Location</small>	Approval: <small>Supervisor or Division Designate</small>

DESCRIBE WORK DESIRED IN SPACE BELOW:
 If necessary, please provide a diagram of the work requested as well as detailed instructions. Include desired calling features or restrictions, new numbers or data circuits required, and phone equipment required. If requesting voicemail, please provide Name & ID#.

Work Desired:

INSTALLER USE ONLY

EXT# _____	PORT _____	Location	S/N & Type
Hse/Pair			
Hse/Pair			
Hse/Pair			
EXT# _____	PORT _____	Location	S/N & Type
Hse/Pair			
Hse/Pair			
Hse/Pair			
EXT# _____	PORT _____	Location	S/N & Type
Hse/Pair			
Hse/Pair			
Hse/Pair			
EXT# _____	PORT _____	Location	S/N & Type
Hse/Pair			
Hse/Pair			
Hse/Pair			

<i>TELECOM USE ONLY BELOW THIS LINE</i>			<i>FOR FERMI / AT&T USE ONLY</i>
	FERMILAB	AT&T	
Order Number			
Order Date			
Placed By / To			
Due			
Date Completed			
<u>VOICEMAIL/Jabber</u> _____ ADDED / REMOVED _____ <small>Emailed set up instructions _____</small>			