

ISDN Service Request Form

ITCommunications Services

Please fax or mail form to: Fax # 615-1727

IT Communications Services—Telephone
Attn: Project Manager Group
Arbor Lakes, B2, F2 Suite 2200
4251 Plymouth Road, Campus Zip 2785

You must include the chartfields and authorized signature information. Please keep a copy for your records.

Department _____ Date Submitted _____
Contact Name _____ E-Mail (required) _____
Campus Mail Address _____ Phone _____

If you would like assistance completing this form, please call 763-2000.

Account Information

FUND (5 digit numeric)	ORG (6 digit numeric)	PROGRAM (5 digit alpha/numeric)	SUBCLASS (5 digit alpha/numeric)	PROJECT/GRANT (7/15 digit alpha/numeric)
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Authorized Signer: _____ Phone _____
Please Print
Signature _____ E-Mail (required) _____

User/Installation Information

New Disconnect Modification

User _____
First Name Last Name E-Mail Address
Installation Address _____
Number Street Name City State Zip
Residential Phone Number _____ SPID's _____
(Disconnects or Modifications Only)

Department Information

Agreement by Requester: I hereby request authorization to use the equipment as specified above. I affirm my commitment to use it primarily for University business and to pay for any personal calls made from this equipment.

Print Name of Requester: _____ Title: _____
Requester Signature: _____
Print Name of Department Head: _____ Title: _____

Equipment Information

Equipment Customer Provided * ISDN Router

Special equipment required: _____

* ITCOM does not support customer provided ISDN routers

Installer to Place Equipment (billable) Yes No

Comments: _____

Office Use Only

SPID(s)	_____
Number(s) Assigned	_____ Ameritech Circuit ID _____
Ameritech Order #	_____ Ameritech Due Date ____/____/____