

Georgetown University Information Services

Voice Service Order

Fax completed forms to UIS Customer Service, 202/687-1991

If you have any questions, please call 202/687-4800

Today's Date: _____

Requested Due Date*: _____

(*Please allow 5 business days)

Department Name: _____

(no abbreviations, please)

1st Contact Name: _____

2nd Contact Name: _____

Phone: _____

Phone: _____

Cost Center for Install. Charges: _____

Cost Center for Mthly Charges: _____

Authorized Person: _____

Print Name

Authorized Signature: _____

Signature

Phone: _____

Voicemail Services

(complete page 2)

Add Phone Service

(complete page 3)

Change/Upgrade Phone Service

(complete page 3)

Delete Phone Service

(complete page 3)

NOTE: If data services are necessary, please complete a Data Service Order form.

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Audix/Voicemail Request

(Password resets and any changes to existing voicemail service)

Please indicate the service needed (**additions, deletions, reset, *other**)

| Service Requested | Name | Phone Extension | Location (bldg, room, & floor) |
|-------------------|------|-----------------|--------------------------------|
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*If service request is **other**, please include explanation in comments.

Comments:

Please remember to include page one with request

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Voice Service Order

(New service, moves and changes to existing services)

Please indicate the service needed (**additions, deletions, move to, change from/to, upgrade, *other**)

| Service Requested | Name | Phone Ext | Services <i>Local, Long Dist, In-house only</i> | Phone Type <i>SLS, 8410d, 8434d</i> | Jack # | Bldg, Rm # & Floor | Audix Y/N |
|-------------------|------|-----------|--|--|--------|--------------------|--------------|
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***If data services are necessary, please complete a Data Service Order form.**

Comments:

Please remember to include page one with request