

TELECOMMUNICATIONS DATA SERVICES ORDER REQUEST

Page \_\_\_\_ of \_\_

		File #:	CMS P.O. #:
day's Date: / /	Desired Service Date: _/_/		
ency Default AU:	Agency Control #:		
		6. Operational Due Date: ( /	
	Dhana	Operational Due Date: // Line Due Date: //	Equipment Due Date:/ /
ency: ordinator's Name:	Phone: Fax #: e-mail:		
ordinator's Address:	e-mail:	Vendor Line Account#:	
City:	Zip:	Vendors: IW:	Vendor Order #:
Work Requested:	Service Type:	IXC: LEC:	Vendor Order #:
Other* (*		LEC:	Vendor Order #:
a Tunoi I Ina Spooti	CMS to Provide Equipment?		
стурс тлыс эрсси			
ertime Authorized to achieve due d	late: 🗌 Yes 🔲 No		
		7.	Data: / /
		Civis Authorized Signature:	Date: _/ /
	y is responsible, financially and otherwise, for this		
	hether the service is for our agency or for the use of		
	arty for whom we are authorized to provide service	8. Additional Comments:	
	ncy remains responsible until such time as the	o. Additional Comments.	
minica is monarly terminated			
ervice is properly terminated.			
	Date: _/_/		
Authorized Agency Signature:			
uthorized Agency Signature:	Date: _/_/	9. Secondary Station:	
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