



1.
 Today's Date: ___/___/___ Desired Service Date: ___/___/___
 Agency Default AU: _____ Agency Control #: _____

2.
 Agency: _____ Phone: _____
 Coordinator's Name: _____ Fax #: _____
 Coordinator's Address: _____ e-mail: _____
 City: _____ Zip: _____

3. Work Requested: _____ Service Type: _____
 Other* (* _____)
 Line Type: _____ Line Speed: _____ CMS to Provide Equipment? Yes No
 Overtime Authorized to achieve due date: Yes No

4. I recognize and agree that my agency is responsible, financially and otherwise, for this order. The order is our responsibility whether the service is for our agency or for the use of other agency Or for the use for other party for whom we are authorized to provide service or place the order for. Further, my agency remains responsible until such time as the service is properly terminated.

Authorized Agency Signature: _____ Date: ___/___/___
 Print Name: _____

5. Primary Station: _____
 Site contact: _____
 Site Address: _____ Floor: _____
 Room: _____ Jack: _____
 City: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Hours Open: _____ New Building Remodel
 Inside Wire Requested: Yes No
 If yes, extend wire to this location: _____
 Circuit #: _____ LEC Catalog Code _____
 Equipment Model: _____ Equipment Catalog Code: _____
 Equipment SN#: _____ Color Telephone: _____
 MAC#: _____
 Primary Location Code U S I L _____

File #: _____ CMS P.O. #: _____

6.
 Operational Due Date: ___/___/___ Equipment Due Date: ___/___/___
 Line Due Date: ___/___/___
 Vendor Line Account#: _____
 Vendors: IW: _____ Vendor Order #: _____
 IXC: _____ Vendor Order #: _____
 LEC: _____ Vendor Order #: _____
 LEC: _____ Vendor Order #: _____

7.
 CMS Authorized Signature: _____ Date: ___/___/___

8. Additional Comments:

9. Secondary Station: _____
 Site contact: _____
 Site Address: _____ Floor: _____
 Room: _____ Jack: _____
 City: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Hours Open: _____ New Building Remodel
 Inside Wire Requested: Yes No
 If yes, extend wire to this location: _____
 Circuit #: _____ LEC Catalog Code _____
 Equipment Model: _____ Equipment Catalog Code: _____
 Equipment SN#: _____ Color Telephone: : _____
 MAC#: _____
 Primary Location Code U S I L _____