TELECOM REQUEST

DATE	USER AGENCY NO. **EDN**	TR NO.

To: DEPARTMENT OF EDUCATION
NETWORK SUPPORT SERVICES BRANCH

REQUESTOR (Administrator)

NAME _____
TITLE _____
PHONE _____

FROM:
(DISTRICT/OFFICE) _____ LOCATION OF SERVICE _____
(SCHOOL/BRANCH) _____ BLDG _____ ROOM _____ PHONE _____
(BILLING ADDRESS) _____

PROJECT COORDINATOR (if applicable)

_____ _____

☐ **B1** ☐ **HATS** ☐ **PURCHASE (phone system, modem, fax, etc.)** ☐ LEASE ☐ OTHER
For Phone Installation

DESCRIPTION:

Contact Person: _____ Phone _____

For Telephone Installation/Purchase: Person using line: _____ Title _____

Phone equipment purchase: ☐ From HawTel ☐ From another vendor

For new phone line: Do you want number published in State of Hawaii Directory? ☐ Yes ☐ No

JUSTIFICATION

ESTIMATED COSTS:

MONTHLY $0.00 ANNUALLY $0.00 INSTALLATION/HARDWARE $0.00 TOTAL $0.00

Attach quotations, proposals, diagrams or brochures (Use additional sheets if necessary. Maps/floor plans are now required by Hawaiian Telcom for new installations, moves, and changes. Please be sure that buildings, rooms, and location of service are clearly marked and labelled.

ORG ID _____ PROG ID _____ (Please indicate both Org and Prog IDs.)

SIGNATURE/TITLE _____ DATE _____
Principal/CAS/Superintendent Signature Title

FOR NETWORK SUPPORT SERVICES BRANCH USE ONLY

REVIEWED BY _____ ☐ DISAPPROVED

APPROVED BY _____ DATE _____ BAC _____
DOE Telecom Coordinator Phone: 377-7706

(SERVICE REQUESTED, TELEPHONE COMPANY USE ONLY)

PLEASE PROVIDE THE FOLLOWING INFORMATION AND RETURN TO NETWORK SUPPORT SERVICES BRANCH

TELEPHONE CO. SERVICE ORDER NO. _____ Estimated Service Charge $ _____

RELATED TELEPHONE NO(s) _____ Recurring charges $ _____

(Instructions on Reverse Side) Completion Date _____