



FAX 601-432-8100

EMAIL telecomrequest@its.ms.gov

AUTHORIZED AGENCY/TELECOM COORDINATOR & SITE CONTACT

AGENCY NAME:	TODAY'S DATE:
<i>Service requests are only accepted from authorized agency Telecom Contacts.</i>	
TELECOM CONTACT NAME:	ON-SITE CONTACT NAME: <i>Complete if the On-site contact person is someone other than the authorized Telecom Contact.</i>
TELECOM CONTACT PHONE #:	ON-SITE CONTACT PHONE #:
TELECOM CONTACT EMAIL:	ON-SITE CONTACT BUILDING: ROOM #:

SERVICE ORDER REQUEST

EXISTING # REQUESTING WORK:	NEW # REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, See Telephone & Materials section below to select type set.</i>	COST CENTER: <i>Important info regarding Cost Center</i> <ul style="list-style-type: none"> Required for New Services; See Billing Cost Center Change Request See New Cost Center Request 	DUE DATE: <i>Allow 7-10 business days for normal processing.</i>
			EXPEDITE REQUEST: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>By Selecting "Yes" you agree to accept responsibility for related expedite fees.</i>
			REQUESTED EXPEDITE DUE DATE:

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:
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DESCRIPTION OF WORK REQUESTED:

Report Troubles to the ITS Service Center at 601-432-8080 or Service.Center@its.ms.gov.

LOCATIONS:

Moves, Adds & Changes

CURRENT LOCATION				NEW LOCATION			
BUILDING:	FLOOR:	ROOM/OFC:	JACK #:	BUILDING:	FLOOR:	ROOM/OFC:	JACK #:

DIALING PARAMETERS

LOCAL ONLY: <input type="checkbox"/> YES <input type="checkbox"/> NO LONG DISTANCE: <input type="checkbox"/> RESTRICT <input type="checkbox"/> UN-RESTRICT				AUTHORIZATION CODE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete AUTH CODE section below.</i>	
CALL PICKUP GROUP (CPU) OPTIONS:				VOICE MAIL	
CALL PICKUP GROUP (CPU) REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ADD TO EXISTING CPU WITH: <i>(List 1 or 2 telephone numbers in existing CPU group#)</i>	NEW CPU GROUP: <i>(List all telephone #'s)</i>	REMOVE EXT. FROM CPU GROUP:	VOICEMAIL <input type="checkbox"/> YES <input type="checkbox"/> NO VOICEMAIL ATTENDANT/0-OPTION EXT. Important info regarding Voicemail Attendant <ul style="list-style-type: none"> • Caller gets voicemail & presses "0" to speak to an alternate answering position. • A Voicemail Attendant is required & it cannot be the same as the telephone that voicemail is being added. • If not provided, your agency's main number will be programmed as the Attendant. 	

CALL COVERAGE OPTIONS

CALL COVERAGE REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF RINGS: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <i>If number of rings not selected, 3 rings will be programmed which is the standard.</i>	COVER POINTS: 1 ST 4 TH 2 ND 5 TH 3 RD 6 TH
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TELEPHONES & MATERIALS

TELEPHONE SET REQUESTED: *Please select a telephone if installing or changing set type.*

ANALOG/SINGLE LINE TELEPHONE: <ul style="list-style-type: none"> • SINGLE LINE: <ul style="list-style-type: none"> <input type="checkbox"/> ITS TO PROVIDE SET <input type="checkbox"/> AGENCY TO PROVIDE SET • SINGLE LINE W/CALLER ID: <ul style="list-style-type: none"> <input type="checkbox"/> ITS TO PROVIDE SET <input type="checkbox"/> AGENCY TO PROVIDE SET <p><i>A one-time charge will apply for single line sets provided by ITS and includes no warranty or maintenance.**</i></p>	DIGITAL/ MULTI LINE TELEPHONE: <ul style="list-style-type: none"> • 2400 SERIES <ul style="list-style-type: none"> <input type="checkbox"/> 2410 (12 BTN) <input type="checkbox"/> 2420 (24 BTN) <input type="checkbox"/> 24 SERIES EXP MODULE • 6400 SERIES <ul style="list-style-type: none"> <input type="checkbox"/> 6408 (8) <input type="checkbox"/> 6416 (16) <input type="checkbox"/> 6424 (24) <input type="checkbox"/> 64 SERIES EXP MODULE (24) • 8400 SERIES <ul style="list-style-type: none"> <input type="checkbox"/> 8410 (10) <input type="checkbox"/> 8434 (34) <input type="checkbox"/> 84 SERIES EXP MODULE • 9400 SERIES <ul style="list-style-type: none"> <input type="checkbox"/> 9404 (12) <input type="checkbox"/> 9408 (24) <input type="checkbox"/> 94 SERIES EXP MODULE • VOIP SERIES <p><i>Only Available to existing users</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 9620 <input type="checkbox"/> 9640 <input type="checkbox"/> 9650 <input type="checkbox"/> VOIP SERIES EXP MODULE <p><i>If requesting a Multi-line set, please submit a completed programming sheet with the request.</i></p>	CONFERENCE TELEPHONE: <ul style="list-style-type: none"> <input type="checkbox"/> ANALOG <input type="checkbox"/> DIGITAL <p><i>A one-time charge will apply for all Conference sets.</i></p>	MATERIALS: <p>TELEPHONE CORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> HANDSET CORD(S) <input type="checkbox"/> WALL MOUNT CORD(S) SIZE: TYPE SET: QTY: <p>DATA CABLE</p> <ul style="list-style-type: none"> <input type="checkbox"/> INSTALL, QTY <input type="checkbox"/> MOVE: FLOOR: ROOM: QTY:
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FIBER: <input type="checkbox"/> MULTI-MODE <input type="checkbox"/> SINGLE-MODE ON-SITE CONTACT: POINT A LOCATION:	PHONE #: POINT B LOCATION:
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EMPLOYEE AUTHORIZATION CODE REQUEST

<input type="checkbox"/> ASSIGN AUTHORIZATION CODE		<input type="checkbox"/> DEACTIVATE AUTHORIZATION CODE	
EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:		
EMPLOYEE TELEPHONE #:	AUTH CODE (DEACTIVATION ONLY):	COST CENTER: <i>Required for new Auth Codes</i>	

CONFERENCE BRIDGE REQUEST

MODERATOR LAST NAME:	MODERATOR FIRST NAME:		
MODERATOR TELEPHONE#:	MODERATOR EMAIL:		
DEPT/DIVISION:	COST CENTER: <i>Required for new Conference Bridge Account</i>		

BILLING COST CENTER CHANGE REQUEST

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:		
<i>Check all that apply & Provide numbers</i>		CURRENT COST CENTER:	NEW COST CENTER:
<input type="checkbox"/> TELEPHONE NUMBER	<input type="checkbox"/> AUTH CODE	<input type="checkbox"/> CONFERENCE ACCT	

NEW COST CENTER REQUEST

AGENCY:	DEPARTMENT/DIVISION:		
<input type="checkbox"/> COST CENTER/BILL TO <i>Creates new invoice #.</i>		<input type="checkbox"/> NEW COST CENTER	
NAME FOR NEW COST CENTER:	NAME FOR NEW COST CENTER:		
CONTACT NAME:	BILL TO CONTACT:		
BILL TO ADDRESS:	ADDRESS:		
LIST NAMES & ACE LOGINS FOR STAFF WHO WILL ACCESS INVOICE:	EXISTING BILL TO #: <i>See invoice to find Bill To #.</i>		
1.			
2.			
3.			
4.			

ADD/REMOVE ONLINE TELECOM USERS

<input type="checkbox"/> ADD ONLINE USER		<input type="checkbox"/> REMOVE ONLINE USER	
USER NAMES & ACE LOGINS: 1.	3.		
1.	2.	4.	
COST CENTERS:			

AGENCY HEAD/AUTHORIZED TELECOM COORDINATOR SIGNATURE: _____ DATE: _____