



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 contacts.</i>				
TELECOM CONTACT NAME:		TELECOM CONTACT PHONE #:		
TELECOM CONTACT EMAIL:				
ON-SITE CONTACT NAME:		ALTERNATE ON-SITE CONTACT NAME:		
OFFICE PHONE #:		OFFICE PHONE #:		
CELL PHONE #:		CELL PHONE #:		
EMAIL:		EMAIL:		
ON-SITE CONTACT AVAILABILITY: <input type="checkbox"/> 8:00 AM – 5:00 PM <input type="checkbox"/> 8:00 AM – 12:00 PM <input type="checkbox"/> 1:00 PM – 5:00 PM				
REQUESTED DUE DATE:		EXPEDITE REQUEST: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Allow 7-10 business days for normal processing.</i>		<i>By Selecting "Yes" you agree to accept responsibility for related expedite fees.</i>		

AT&T INSTALL REQUEST

COST CENTER: <i>Important info regarding Cost Center</i> <ul style="list-style-type: none"> Required for New Services If changing cost center, see Billing Cost Center Change Request section If new cost center requested, see New Cost Center Request section 	NEW # REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, SELECT SERVICE TYPE: <input type="checkbox"/> BUSINESS LINE <input type="checkbox"/> CENTREX LINE
	LINE TERMINATION: <input type="checkbox"/> TAG AT D-MARC <input type="checkbox"/> RUN TO JACK <i>If you have a phone system & the line needs to run through the system, your vendor will handle the inside wiring & jacks. Also, conduit is your agency's responsibility.</i>
<input type="checkbox"/> RESTRICT TO AUTHORIZATION CODES <input type="checkbox"/> UN-RESTRICT	EXISTING NUMBER AT LOCATION:

DESCRIPTION OF WORK REQUESTED: *Report AT&T troubles to the ITS Service Center at 601-432-8080 or Service.Center@its.ms.gov*

FEATURES

MEMORY CALL: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, 0-OPTION:	<i>Caller gets voicemail & presses "0" to speak to alternate answering position.</i>
HUNT GROUP: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST #'S:	
CPU GROUP: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST #'S:	
CALLER ID: <input type="checkbox"/> YES <input type="checkbox"/> NO	CALL FORWARD/BUSY: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST #:
	CALL FORWARD/DON'T ANSWER: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST #:

AT&T DISCONNECT OR MOVE

<input type="checkbox"/> DISCONNECT NUMBERS TO DISCONNECT:		<input type="checkbox"/> MOVE NUMBERS TO MOVE:	
		DUAL SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Based on availability.</i>	
EXISTING ADDRESS:		NEW ADDRESS:	
		EXISTING # AT NEW ADDRESS:	

DSL REQUEST

<input type="checkbox"/> INSTALL NEW NUMBER INSTALL W/DSL: <input type="checkbox"/> Yes <input type="checkbox"/> No EXISTING # FOR DSL: EQUIPMENT: <input type="checkbox"/> MODEM <input type="checkbox"/> ROUTER <input type="checkbox"/> PROVIDE OWN EQUIPMENT SPEED: <input type="checkbox"/> 1.5 MEG <input type="checkbox"/> 3 MEG <input type="checkbox"/> 6 MEG IP STATIC ADDRESS: <input type="checkbox"/> YES, QTY: <input type="checkbox"/> NO <input type="checkbox"/> PROFESSIONAL INSTALLATION <input type="checkbox"/> SELF-INSTALLATION		<input type="checkbox"/> CHANGE SPEED: <input type="checkbox"/> 1.5 MEG <input type="checkbox"/> 3 MEG <input type="checkbox"/> 6 MEG EXISTING # FOR DSL:		<input type="checkbox"/> DISCONNECT <input type="checkbox"/> DSL ONLY <input type="checkbox"/> PHONE # AND DSL EXISTING # FOR DSL:	
SERVICE ADDRESS:		SERVICE ADDRESS:			
SHIPPING ADDRESS:					

UVERSE REQUEST

<input type="checkbox"/> INSTALL NEW NUMBER INSTALL W/UVERSE: <input type="checkbox"/> Yes <input type="checkbox"/> No EXISTING # FOR UVERSE: EQUIPMENT: <input type="checkbox"/> MODEM <input type="checkbox"/> ROUTER BROADBAND STATIC IP SPEED: <input type="checkbox"/> 1.5 MEG <input type="checkbox"/> 3 MEG <input type="checkbox"/> 6 MEG <input type="checkbox"/> 12 MEG <input type="checkbox"/> 18 MEG BROADBAND DYNAMIC IP SPEED: <input type="checkbox"/> 768 KBPS <input type="checkbox"/> 1.5 MEG <input type="checkbox"/> 3 MEG <input type="checkbox"/> 6 MEG <input type="checkbox"/> 12 MEG <input type="checkbox"/> 18 MEG <i>Broadband Static IP - Internet Gateway- \$100 One Time Charge (Required when ordering Static or Dynamic IP)</i>		<input type="checkbox"/> CHANGE <input type="checkbox"/> UPGRADE <input type="checkbox"/> DOWNGRADE IP TYPE: <input type="checkbox"/> STATIC <input type="checkbox"/> DYNAMIC IP SPEED: <input type="checkbox"/> 768 KBPS <input type="checkbox"/> 1.5 MEG <input type="checkbox"/> 3 MEG <input type="checkbox"/> 6 MEG <input type="checkbox"/> 12 MEG <input type="checkbox"/> 18 MEG EXISTING # FOR UVERSE:		<input type="checkbox"/> DISCONNECT <input type="checkbox"/> UVERSE ONLY <input type="checkbox"/> PHONE # AND UVERSE EXISTING # FOR UVERSE:	
SERVICE ADDRESS:		SERVICE ADDRESS:			

UNIVERSE REQUEST-CONTINUED

SHIPPING ADDRESS:

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TOLL FREE REQUEST

INSTALL

VANITY # REQUESTED: YES NO
If YES, see VANITY # section below

LOCAL POINT-TO #:

LOCAL POINT-TO # PHYSICAL ADDRESS:

CHANGE

TOLL FREE # :

NEW POINT #:

NEW POINT # PHYSICAL ADDRESS:

DISCONNECT

TOLL FREE # :

LOCAL POINT TO #:

REQUESTED DUE DATE:

TOLL FREE BLOCKING:

MISSISSIPPI ONLY

NATIONWIDE (50 STATE + CANADA)

REQUESTED DUE DATE:

Allow 7-10 business days for normal processing.

NEW TOLL FREE BLOCKING:

MISSISSIPPI ONLY

NATIONWIDE (50 STATES + CANADA)

REQUESTED DUE DATE:

Allow 7-10 business days for normal processing.

VANITY # OPTIONS *(Please provide a minimum of 10 variations):*

- | | | | | |
|----|----|----|----|-----|
| 1. | 2. | 3. | 4. | 5. |
| 6. | 7. | 8. | 9. | 10. |

BILLING COST CENTER CHANGE REQUEST

EMPLOYEE LAST NAME:

EMPLOYEE FIRST NAME:

TELEPHONE NUMBER:

AUTHORIZATION CODE:

CONFERENCE ACCOUNT:

Check all that apply.

CURRENT COST CENTER:

NEW COST CENTER:

NEW COST CENTER REQUEST

<p>AGENCY:</p> <p><input type="checkbox"/> SEPARATE INVOICE <i>If separate invoice, complete information below.</i></p> <p>NAME FOR NEW COST CENTER:</p> <p>MAILING ADDRESS:</p> <p>CONTACT NAME:</p> <p>LIST NAMES & ACE LOGINS FOR STAFF WHO CAN HAVE ACCESS TO INVOICE:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>DEPARTMENT/DIVISION:</p> <p><input type="checkbox"/> MASTER BILL <i>If master bill, complete information below.</i></p> <p>NAME FOR NEW COST CENTER:</p> <p>MAILING ADDRESS:</p> <p>CONTACT NAME:</p> <p>MASTER BILL #: <i>Refer to an old invoice to find Master Bill Invoice #.</i></p>
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ADD/REMOVE ONLINE TELECOM USERS

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

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