

AOC Operations Facilities Administration Telecommunications Service Request

Contact Information

<input type="checkbox"/> New Employee	<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor
Requestor's Name: *		
Title: <i>(New Judicial employees only)</i>		
Email: *		
Telephone: * <i>(if known)</i>		
Manager: *		
Division/Department Name: *		
PCA #:		
Submitted By: *		
Phone Number: *		

Service Requested – Provide detailed description

Repair	Install	Cell Phone Request	Conferencing Account
<input type="checkbox"/> Repair/Trouble with Phone	<input type="checkbox"/> New Install	<input type="checkbox"/> New Device	<input type="checkbox"/> New Account
<input type="checkbox"/> Reset Voicemail	<input type="checkbox"/> Move or Change Phone	<input type="checkbox"/> Deactivate Device	<input type="checkbox"/> Change Account User
	<input type="checkbox"/> Add Voice Mail		<input type="checkbox"/> Deactivate Account
	<input type="checkbox"/> Phone Features/Setup		
Description of Work to be done: <i>Provide a brief description of the work requested or trouble. For Repair Requests, provide telephone number, location and type of telephone needing service (Wireless or Office Phone.)</i>			

Service Requested Location

Work Location Address <i>Physical Location, i.e. Street Address</i>	<input type="checkbox"/> 580 Taylor Ave (A-Pod) <input type="checkbox"/> 361 Rowe Blvd (COA) <input type="checkbox"/> 2661 Riva Rd (JIS) <input type="checkbox"/> AOC Annex <input type="checkbox"/> JECC <input type="checkbox"/> Other:
--	--

Work Location Office/Suite <i>Physical Location, i.e. Suite, Floor, Office Number or Name</i>	Suite: Floor: Office Number:
Site Contact: <i>(Contact to give vendor access and further details if needed)</i>	Name: Phone:
Requested Date of Completion: <i>(Must have five to seven business days' notice, unless a repair)</i>	
Additional Information:	

Must be Authorized by Requestor's Department Manager: Attach completed Service Request form in Service Now.

Department Manager's Signature

Date