

SXTV Service Request Form 4B

Other Special Communication Service Requests

Return the completed form to SXTV, by fax to 944-0044, or submit the electronic form at <http://sxtvweb/hqtel-e.htm>

For assistance: See section 4.2 and 4.3 in the guidebook. For additional information, call 944-1776 (1-2-3)

Contact Information

Div: _____ Location: _____ Floor: _____

Tel: _____ Fax: _____

Service Requested

Special Phone Equipment Needs (section 4.2 in SXTV guidebook)

Conference telephone(s), loan* - Qty: _____ Date(s): _____
Time: _____ Room: _____

Note:* Short-term loan only. Sets must be returned immediately after use. SXTV can assist with purchasing for permanent installation on a cost recovery basis.

Telephone headset(s), purchase - Qty: _____
Financial code (not required for ADMs or above — SXTV covers cost): _____

Cellular phones:
• Purchasing consultation
• Provision (for ADMs and above and SXD staff only)

Employee's name: _____ Financial code: _____

Pager rental - Qty: _____ From (date) _____ to (date) _____

Financial code: _____

Cable Television (section 4.3 in SXTV guidebook)

Location: _____ # of Installations: _____
Room(s): _____

Do you know of any existing cable installations in the room(s)? Yes No

SXTV representative will visit site to verify location for installation and set a service delivery date.

Authorization

Conference telephones — formal authorization not required, but employee signature is required at time of loan

Headsets, cellular phones, pagers — Deputy Director

Cable television — Bureau Administrator or designate

Name: _____ Title: _____

Signature: _____ Date: _____