Telecommunications
Off Campus Service Request

Date:
Name: Phone
Department: FAX

New Service □ Relocation □ Disconnect □

Description of Service Required:

Location of Service (include specific address):

Local telecommunications or telephone company, if known:

Inside wiring required? YES NO
High Speed Internet Access Required YES NO
(For example, DSL Service, if available)

Voicemail required? YES NO
Long Distance access desired? YES NO

For telephone disconnect, referral number? YES NO
(New number for referral)

Contact at local service area (name and phone number):

Budget Number for charges:

Budget Authorization Signature:

FAX completed form to #6847 for further processing

Voice: (509) 359-2247  fax: (509) 359-6847
UCTService@mail.ewu.edu
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