

City of Richmond
Administrative Manual

**INFORMATION TECHNOLOGY
TELEPHONE SERVICE REQUEST**

DATE: _____ Date Services Needed: _____

TO: Information Technology Director
FROM: _____

Relocation:	9
Additional:	9
Changes:	9
Repairs:	9

Department: _____ Service Address/Bldg/Room: _____

Is this a pre-wired location? Yes 9 No 9 Contact person/phone #: _____

Department Authorization Signature: _____

Detailed Description of Services Requested: Accounting Code: _____

Reason for Request of Services (Benefits to be achieved):

NETWORKING COMMUNICATIONS DIVISION MAC #: _____
RTO,DATA,TELE #: _____ CITY ORDER #: _____
PACBELL ORDER #: _____ ASSIGNED TO: _____
TELCO CONTACT PERSON: _____, PHN #: _____
SIEMENS ORDER #: _____ SIEMENS CONTACT: _____ PHN#: _____
DATE REC'D: _____ DUE/COMPLETION Date: _____
SWITCH #: _____ NETWORK MGR: _____ Date: _____

APPROVALS

FINANCE: Funds available: Yes 9 No 9

Finance Director Date

CITY MANAGER: Approved: 9 Denied: 9

City Manager Date