



**LDH TELECOMMUNICATION - HOSTED VOICE SERVICE
(HVS) NEW/MOVE/CHANGE/DISCONNECT REQUEST FORM**

DATE: **REQUESTED DUE DATE:**

AGENCY/DIVISION/BUREAU/SECTION/UNIT:

ACCOUNT UNIT # (BILLING CODE):

TL SUBMITTING REQUEST:

TL'S TELEPHONE NUMBER:

TL'S WORK EMAIL ADDRESS:

ORDER TYPE

MOVE **CHANGE** **DISCONNECT**

USER FIRST NAME:

USER LAST NAME:

USER TELEPHONE NUMBER:

USER EMAIL ADDRESS:

AASTRA/MITEL DEVICE TYPE (MODEL NUMBER):

DEVICE MAC ADDRESS (LOCATED ON BACK OF PHONE):

LOCATION INFORMATION

EXISTING ADDRESS/BLDG/FLOOR:

NEW ADDRESS/BLDG/FLOOR:

CITY:

CITY:

ZIP CODE:

ZIP CODE:

ROOM/CUBICLE:

ROOM/CUBICLE:

HVS DEVICE/PC JACK ID NUMBER:

HVS DEVICE/PC JACK ID NUMBER:

IS THERE AN ACTIVE PC DATA JACK FOR THE USER AT THE NEW LOCATION? NO YES

IS THIS A REQUEST FOR A NEW PHONE? NO YES

******EMAIL THIS FORM TO YOUR AGENCY TC FOR PROCESSING******