



LDH TELECOMMUNICATIONS DEVICE UPGRADE REQUEST

(ONLY CAN UPGRADE IF THE DEVICE IS ELIGIBLE FOR AN UPGRADE)

Telecom Coordinator/Liaison Name: _____ TC/TL Phone Number: _____

Bill Payer Name: _____ Bill Payer Phone Number: _____

Agency Name: _____ Section Name: _____

Device Requesting To Upgrade:

CELL PHONE: AT&T VERIZON ACCOUNT # _____

ACTIVATE UPON ARRIVAL: YES NO Device Phone Number: _____

MIFI: AT&T VERIZON ACCOUNT # _____

ACTIVATE UPON ARRIVAL: YES NO Device Phone Number: _____

Device Assigned To & Personnel #: _____

Mail Device To: (ONLY SELECT ONE)

LDH ADMIN SERVICES

(NOTE: once package is received at State Office and checked in, we will advise the Telecom Liaison/Coord.)

AGENCY/Section Mailing Address: _____

(NOTE: we only mail devices from the Vendor to the Agency/Section if someone is available to receive package)

**REASON FOR UPGRADE _____

NOTE: When requesting an upgrade on a device, this will put the upgraded device under an additional 24 month contract

Appointing Authority must sign to upgrade the above requested device

Appointing Authority of the Section responsible and Date

Signature of Telecom Liaison/Coordinator and Date

LDH TELECOM COORDINATOR CONFIRMATION OF UPGRADE ORDERED