



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)

By signing this form, you as the Telecom Coordinator/Liaison have received approval from your Appointing Authority to upgrade the above requested device.

Signature of Telecom Liaison/Coordinator and Date

LDH TELECOM COORDINATOR CONFIRMATION OF UPGRADE ORDERED