

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 **WAIT TO ATTEMPT TO TRANSFER OLD TO NEW:** YES NO

MIFI: AT&T VERIZON ACCOUNT # _____

ACTIVATE UPON ARRIVAL: YES NO **WAIT FOR EMPLOYEE TO EXCHANGE OLD TO NEW:** YES NO

Device Phone Number: _____

Device Assigned To: _____

Mail Device To: (choose 1 or 2)

1) LDH Admin Services YES NO

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

2) 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 approve the upgrade on the above requested device.

Signature of Telecom Liaison/Coordinator and Date