



# LDH TELECOMMUNICATIONS CELL/MIFI CHANGE FORM

CELLULAR SERVICES: (ONLY ONE DEVICE ASSIGNED PER EMPLOYEE)

(WHEN YOU ASSIGN ANOTHER EMPLOYEE A DEVICE-THE AGENCY/DISTRICT/FACILITY TELECOMMUNICATIONS COORDINATOR/LIAISON MUST SUBMIT THIS FORM TO THE LDH TELECOMMUNICATIONS COORDINATOR)

DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

SECTION: \_\_\_\_\_

TELECOM COORDINATOR/LIAISON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

BILL PAYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**CELL PHONE:**  AT&T  VERIZON **MIFI:**  AT&T  VERIZON **IPAD:**  AT&T  VERIZON

**CURRENTLY DEVICE ASSIGNED TO:** PHONE # \_\_\_\_\_

TELECOM COORDINATOR/LIAISON: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ PERSONNEL # \_\_\_\_\_

### CHANGE DEVICE TO:

TELECOM COORDINATOR/LIAISON: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_ PERSONNEL # \_\_\_\_\_

### CHECK ONE OR ALL THAT APPLY:

**SUSPENSION** -  WITH BILLING  WITHOUT FULL BILLING\*\* (DEPENDING ON THE DEVICE WILL DEPEND ON CHARGE)  
**(\*\*NOTE:** THERE ARE STIPULATIONS WHEN THIS OCCURS BY THE VENDOR (CONTACT LDH TC FOR FURTHER INFORMATION)

**CANCELLATION OF DEVICE:** (LIST REASON) \_\_\_\_\_

**(NOTE: DEVICES CAN ONLY BE CANCELLED IF YOUR CONTRACT HAS EXPIRED ON THE DEVICE)**

\_\_\_\_\_  
REGIONAL/DISTRICT/FACILITY TELECOMMUNICATIONS LIAISON SIGNATURE & DATE

\_\_\_\_\_  
AGENCY/DISTRICT/FACILITY TELECOMMUNICATIONS LIAISON/COORDINATOR SIGNATURE & DATE

\_\_\_\_\_  
LDH TELECOMMUNICATIONS COORDINATOR SIGNATURE & DATE (VERIFYING CHANGED IN SYSTEM)