

El Paso Communication Services Work Order

Department Name _____
Address _____
Contact Name _____
Date ____/____/____ KSU _____
Telephone # _____
EXT. _____
Account # _____
Authorized Signature _____

Communications use only
Received Date ____/____/____
SW Bell WO. # _____
New Telephone # _____
Due Date ____/____/____
Completed ____/____/____
Order Taken By _____
Work order #EP- _____
C/S work order # _____

Service to be performed (check one) *Change* _____ PHONE _____ Ext. _____
Move _____ Intercom # _____ From: _____ to: _____
Intercom # _____ From: _____ to: _____
(To get intercom # press Feature *0 and then press the intercom)
New Install _____ Private line _____ Line pool _____ Modem _____ Fax _____
New Phone Set: what type 7208 _____ 7310 _____ 7324 _____ BLF _____ KLM _____
Call forward Variable (181) yes _____ no _____ if yes on what Number _____
Disconnect _____ Number _____
Address and Room # of service Requested: _____

Description of request: _____

Voice Mail Capability YES _____ NO _____ Full Name _____

Call Forward on Busy YES _____ NO _____ if yes to what number # _____ or Ext. _____

Call Forward no Answer YES _____ NO _____ if yes to what number # _____ or Ext. _____

Other Comments, or features not listed: _____

Upon receipt of the signed work order form, we will prepare an Estimate Work Order for your Department, for charges on your billing. Please have authorized personnel sign the form and return to Communication Services at El Paso. Thank you for giving us the opportunity to assist and provide you with telephone services.