## TELEPHONE SERVICE REQUEST

To be used for moves, adds and changes to existing telephone numbers only. Requests for new wiring, telephone numbers or equipment require a DelPro.	
To: Chief –	1. From (IC)
Telecommunications Infrastructure Branch	1. From (IC)
Division Of Network Systems & Telecommunicati	ions
6120 Executive Blvd., Room 300	
Rockville, MD 20852	2. Date Service Desired
Call: <b>GO-CIT</b> (301-594-6248) TTY-800-438-88	
FAX this form to: 301-594-9412	
3. IC Order Number (optional –Internal Tracking Number)	4. Agency/BAC 5. Location/LG
6. On Site Contact (PLEASE PRINT CLEARLY)	7. Building 8. Room Number
	10 E M 21/ / D
9. Telephone Number FAX Number	10. E-Mail (optional)
	,
11. Describe Communications Service To be performed : (Attach Floor Plan If Applicable)	
11. Describe Communications Service To be performed. (Attach Floor Hair II Applicable)	
12. Name of Individual Requesting Service: (PLEASE PRINT CLEARLY)	
13. Signature and Printed Name of Administrative Officer 14. Date	
An Administrative Officer's Signature is Required	
Print Name here:	
FOR TELECOMMUNICATIONS USE ONLY	
Specialist Assigned:	Remedy Ticket ID #:
	SERVICE ORDER #:
Remarks	
	Visit the DNST-TIB Web at:
	http://www.cit.nih.gov/dnst/DNSTweb/telephone.html