



**REQUISITION FOR TELEPHONE
ALTERATION OR INSTALLATION**

Please complete this form and fax to 5230 or email to townsvilleswitch@jcu.edu.au

Extension User Details: (i.e. Name of the person/s using the extension. If there are multiple users attach full details for each person-for Directory purposes)

Surname _____ First Name _____ Title _____

Preferred First Name _____ Staff/Student Number _____

Position Description _____

Division, School or Department _____

Extension No. (if known) _____ Room Number _____ Building _____

Do you wish to have this new extension number published in the JCU Telephone Directory Yes No

Are there directory changes required with this Requisition?.....
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Work Required:

New Installation (Completely new equipment and/or extension number)

Install new telephone service in: Room Number _____ Building _____

Alterations (Moving or disconnecting equipment and/or extensions that already exist)

Relocate Extn No. _____ From Room Number _____ Building _____

To Room Number _____ Building _____

Disconnect Extn No. _____ From Room Number _____ Building _____

Equipment and/or Facilities Required

- Wall mounted handset
- Desk mounted handset
- Other (call pickup, group hunt, etc.) _____
- FAX connection
- Voice Mail facility

Account Details

STD access required [Y/N] _____ IDD access required [Y/N] _____

*****Note:** Usually, only Senior Managers have unrestricted STD/IDD access. Other staff should submit an application for STD/IDD access on a Telephone Account Code (TAC) Application Form.

Give **posting code for charging** of:

Installation Costs _____

Local Call Charges _____ STD/IDD Charges _____

Authorisation

Authorised by Head of School, or authorised signatory: _____
(Name - please print)

Signature _____ Date: _____