



PLEASE MAKE A PHOTOCOPY OF COMPLETED FORM FOR YOUR RECORDS & SUBMIT TO RECEPTION DESK

Organizational Information

Name: _____

Organization: _____

Phone Number ("D.I.D."): _____

Date: _____

Type and Scope of Request

Repair Install Change
 All office phones Just my phone List of Phones: _____

For Repairs Only

When did you first notice the problem? (be as specific as you can with date & time) _____

dialing numbers voicemail no dial tone dropped connections
 ringing bad connection other (describe below)

Does the problem happen every time you use the phone or only intermittently?

Consistent Intermittent

Please describe your problem in as much detail as possible: _____

Changes and Installations

phone upgrade new workstation move workstation directory change other

Details (if applicable) _____

desired phone (if applicable): Mitel 5215 (7 buttons) Mitel 5220 (14 buttons)

staff name: _____ extension (if relevant) _____ date needed: _____

Church Center Staff Use Only

Staff Initials _____ Date of Service _____ Billable Time _____

Action Taken: _____

