



Former Saskatoon Health Region

ITS – Unified Communications NON-SHA TELEPHONE REQUEST FORM

Version 1.4

SASKATOON CANCER AGENCY OTHER (NON-SHA) _____

CONTACT INFORMATION (**all fields required**)

		(306) ____ - ____
Requested by: First Name and Last Name	Department Name	Phone Number

Date of Request:		Due Date Requested By: (provide 3 weeks notice)	
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PLEASE SELECT THE APPLICABLE SERVICE REQUEST OPTIONS

1. NEW TELEPHONE

Select Add-On Options: Voice Mail Long Distance Multiple Lines

Name attached to phone	SITE	ROOM/OFFICE #	JACK #	<input type="checkbox"/> No jack in room <input type="checkbox"/> Wire-drop required (\$400-\$600)
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2. NEW FAX

SITE	ROOM/OFFICE #	/	JACK #/##	<input type="checkbox"/> No jack in room <input type="checkbox"/> Wire-drop required (\$400-\$600)
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3. ADDITIONS/CHANGES TO EXISTING TELEPHONE

Select Add-On Options: Voice Mail Long Distance Multiple Lines Fax

Name attached to phone	Existing #	Site	ROOM/OFFICE #	JACK #
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