

THE Warren County - Ohio TELECOM PHONE FORM

THIS COMBINES & REPLACES THE PREVIOUS (5) COLORED REQUEST FORMS. SUBMIT TO HELP@WCOH.NET

Department: _____ Submitted by: _____

This request is for...

<input type="checkbox"/> New Deskphone Service	<input type="checkbox"/> Deskphone Move/Change	<input type="checkbox"/> Cellular New/Change	<input type="checkbox"/> Voicemail/ Password Reset	<input type="checkbox"/> Trouble Report
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Date Service Needed by _____ For User _____
 Current Phone System _____ Desk Phone # _____
 Email _____

Provide comments/details here in addition to the below pertinent fields:

NEW DESKPHONE SERVICE (write request details in white box above)

Have unused extensions? no yes if yes, list extensions: _____

Select Deskphone Features for the above listed New User

<input type="checkbox"/> Voicemail	<input type="checkbox"/> HOLD Key(s) - other ext's with hold: _____
<input type="checkbox"/> Send Caller ID	<input type="checkbox"/> Work Group - other ext's in group: _____
<input type="checkbox"/> Shoulder Rest	<input type="checkbox"/> Pick-up Group - other ext's in group: _____

MOVE/CHANGE DESKPHONE (write request details in white box above)

Date Service Needed by _____ For User _____
 Current Phone System _____ Phone# _____

NEW CELLULAR / CHANGE TO CELLULAR SERVICE (write request details in white box above)

Current Cell #: _____ Requested phone: FREE OPTION? yes no
 Current Device: _____ Android / model: _____
 Accessories needed: Car Charger iPhone / model: _____
 Case: _____ Tablet/Data Device: _____

VOICEMAIL / PASSWORD RESET (write request details in white box above) Password Reset

Setup Voicemail only (blinking red phone light) Setup VM to Email (no blinking red phone light) Setup Voicemail-PLUS-email (red blinking light + email) → email: _____

TROUBLE REPORT (write trouble description in white box above)

Troubled Extension _____ Type of Equipment _____
 Check any that apply: No Dial Tone Low Volume Bad Static Dead Phone
 Handset Cord Handset