



TELECOM REQUEST

FOR ETS USE ONLY

Phone Data HT Radio User

TR #:

1. Date: _____ 2. Req. Service Date: _____ 3. User Agency #: _____

To: ETS.TSB.TRS@hawaii.gov
DAGS / ETS / TSB
Kalanimoku Building
1151 Punchbowl Street, B20
Honolulu, HI 96813

4. Requestor:
Name: _____
Title: _____
Phone: _____ Fax: _____
E-Mail: _____

5. From:
Department: _____
Division: _____
Branch: _____

6. Local Contact Person: (If different from requestor)
Name: _____
Phone: _____ Fax: _____
E-Mail: _____

7. Billing: Use Existing Create New Change
Account #: _____
Bill Name: _____
Bill Address: _____
City, St, Zip: _____

8. Location of Service: (Service Address)
Bldg., & Rm: _____
Address: _____
City, St, Zip: _____
Island: _____
Nearest Working #: _____

9. Description: (Attach Quotations, Floor Plans, Brochures, etc. Use additional sheets as required)
 HATS VoIP Cabling Radio Other

10. Justification:

11. Radio Only - # of radios presently held: _____

12. Vendor: _____

13. Appropriation Code: _____

14. Estimated Costs: INSTALLATION \$ _____ OTHER \$ _____ TOTAL \$ _____

15. Departmental Approvals:

_____	_____	_____	_____
Department Authorization Signature	Title	Phone	Date
_____	_____	_____	_____
Department Telecom Coordinator Signature	T.C. E-Mail address	Phone	Date

16. ETS Approvals: **(Approval subject to procurement in accordance with Hawaii Revised Statutes)**

Reviewed by: _____
Signature _____ Date _____
Approved by: _____
Signature – Manager, Telecom Services Branch _____ Date _____

RETURNED NOTES: _____

DISAPPROVED

Received by ETS/TSB