

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 | 4. Requestor: | | | |
| | DAGS / ETS / TSB | Name: | | | |
| | Kalanimoku Building | Title: | | | |
| | 1151 Punchbowl Street, B20 | Phone: | Fax: | | |
| | Honolulu, HI 96813 | E-Mail: | | | |
| 5. From: | | 6. Local Contact | Person: (If different from i | requestor) | |
| Department: | | Name: | | | |
| Division: | | Phone: | Fax: | | |
| Branch: | | E-Mail: | | | |
| 7. Billing: | ☐Use Existing ☐Create New ☐Change | 8. Location of Ser | rvice: (Service Address) | | |
| Account #: | | Bldg., & Rm: | , | | |
| Bill Name: | | Address: | | | |
| Bill Address: | | City, St, Zip: | | Nearest Working #: | |
| City, St, Zip: | | Island: | | _ | |
| □HATS □VoIP □Cabling □Radio □Other 10. Justification: | | | | | |
| 11. Radio Onl | y - # of radios presently held: | 12.Vendor: | | | |
| 13. Appropriation Code: | | | | | |
| 14. Estimated Costs: INSTALLATION \$ | | OTHER \$ | TOTAL \$ | TOTAL \$ | |
| 15. Departmental Approvals: | | | | | |
| Department A | Authorization Signature | Title | Phone | Date | |
| Danastas aut 3 | Falsacara Consulinatora Cinnatorus | T.C. E-Mail address | Phone | | |
| · | | | | Date | |
| 16. ETS Approvals: (Approval subject to procurement in accordance with Hawaii Revised Statutes) Received by ETS/TSB | | | | | |
| Reviewed by: | | | Received by | E15/15B | |
| _ | Signature | Date | | | |
| Approved by: | | | | | |
| _ | Signature – Manager, Telecom Services Branch | Date | | | |
| □RETURNED | NOTES: | | | | |
| □DISAPPROVE | ED | | | | |