The Telephone Service Request form facilitates the process of ordering services from Tyto Athene at the Oak Ridge Federal Integrated Communications Network (ORFICN) campus. Complete all requested information for the Requestor and End-User. Select from the drop-down list of services and complete other sections as appropriate. Remarks can also be used to describe the service request.

If you have questions about the form, please contact the Service Order Group @ 576-3663, or e-mail at [telephone@science.doe.gov](mailto:telephone@science.doe.gov). If you need to fax order information, the fax number is 241-6782.

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| --- | --- | --- | --- |
| **Organizational Information (Requestor/Contact)** | | | |
| Division Telecommunications Coordinator (DTC): |  | Telephone: |  |
| Contact *(Should be different from DTC)*: |  | Telephone: |  |
| Badge Number: |  | Email: |  |
| Requested Completion Date: |  | *Note: Please allow 3-5 business days to complete most requests.* | |
|  | | | |
| **Station Information (User and Billing Data)** | | | |
| User Name: |  | Telephone: |  |
| Badge Number: |  | Email: |  |
| Assigned Charge Code: |  | Bill to Charge Code: |  |
| Current Building: |  | Current Room: |  |
| \*Nearby Number: |  | *\* Note: Order cannot be accepted without this information.* | |
|  | | | |
| **Remarks: Please provide a brief description of work required, attach an addendum if necessary. Only use 1 request form per station number.** | | | |
|  | | | |
| I am authorized to submit this request and understand that any associated cost will be charged to the charge code provided on this form. | | | |

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| **Order Type** |  |  |  |
| Service Order | |  |  |
| Administrative Service Order | |  |  |
| *Note: The order type dictates whether service charges do or do not apply. If you are unsure about the options, you may call the Center for assistance.* | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Telephone Service** | | | | | | | | | | |
| **Getting Started** | | | |  | | |  | |  | |
| Is there a Jack in the Room? | | | | Yes  No | | | If so, please enter Jack Number: | |  | |
|  | | | | *If there is not a telephone jack in the room, a survey may be required in advance. Please place a note on the wall where the jack is to be located.* | | | | | | |
| Does service require changes to Call Appearances? | | | | Yes  No | | | If so, a template is required. All are available on the website @ <http://orficn.net/>. | | | |
| **Service Type** |  |  | | | |  | | | |  |
| **Add Service** | Telephone Line Type |  | | | | Set Type: | | | |  |
| New Number Required | Yes  No | | | | *Note: Type of equipment used is based on service available at your location.* | | | | |
| **Move Service** | From (Bldg./Rm): |  | | | | To (Bldg./Rm): | | | |  |
| Telephone Line Type: |  | | | | Set Option: | | | | Set Type: |
| **Disconnect** | Telephone Line Type: |  | | | | Bldg./Rm: | | | |  |
| **Survey** | Enter a description of new requirements or changes to existing service. | | | | | | | | | |
| **Features** | **Action**  **(Add, Change, Delete)** | | **Features to be Added or Removed** | | | | | **Additional Information** | | |
|  | | Call Forward Variable (\*72, \*73) | | | | |  | | |
|  | | Call Forward Busy/No Answer | | | | | To Telephone #: | | |
|  | | Call Waiting (Note: Can’t have both Call Waiting and Call Busy) | | | | |  | | |
|  | | Hunt Group | | | | |  | | |
|  | | Call Pickup (\*53) | | | | |  | | |
|  | | Line Restrictions | | | | |  | | |
|  | | Call Appearances | | | | | **Template must accompany request.** | | |
| **Voice Mail** |  | | **Voice Mail Type:** | | | | |  | | |
|  |  | | **Message Indicator** | | | | | **Audible/Stutter Tone**  **Visual (Light must be on set.** | | |
|  |  | | **Operator Escape** | | | | | **Escape to:** | | |
|  |  | | **Pager Notification** | | | | | **Pager #:** | | |
|  |  | | **Voice Mail to Email Notification** | | | | | **Email Address:** | | |
|  |  | | **Crash and Reset** | | | | |  | | |
| **Billing and Account Code** | Change Assigned CC From: | |  | | Change Assigned CC to: | | |  | | |
| Change Bill to CC From: | |  | | Change Bill to CC to: | | |  | | |
| **Record Only Change** | Enter a description fo the requested change (name change, email address, order correction, etc: | | | | | | | | | |
| **Equipment** | Deliver Order Remove | | Equipment/Type Remarks: | | | | | | | |
| **Toll Free Number** |  | | Toll Free 800 Forward To Number (enter ORFICN number): | | | | |  | | |
| **Other** |  | | Description: | | | | | | | |

***Product information and other forms are available on the website @*** [*http://orficn.net/*](http://orficn.net/)*.*