

PAGER REQUEST FORM

NAME: _____

DEPT: _____

POSITION: _____

EXT: _____ FAX # _____

MAILCODE _____ FRS _____

Please go to the Telecommunications website for more information on available devices and service plans.

Pager Types:

Numeric Pagers

Alpha/Numeric Pagers

Coverage:

Local (CT & Mass)

Extended (Maine to New Jersey) Nationwide

In-House Pagers

In House/Digital Pager

In House/Voice Pager

In House/Tone

Additional Features:

Voicemail - 72 hours \$6.00 monthly

Voicemail - 24 hours \$5.00 monthly

Voicemail - 12 hours \$4.00 monthly

Operator Dispatch \$15.00 monthly

Signature of Dept Head approval: _____

Telecommunications Office Use:

Beeper # _____

Capcode _____

Vendor _____

Received by: _____