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: __________________________________________