Na	avajo Na		cation & Utilities Dep	artment
Departmental Informa	ation - Se	•	rvice Request	
			Date:	
Department Name:			Email address:	·
Contact Person:			Contact Telephone No	.:
Business Unit #:			*Six digit account number (Gene	eral or External Funds)
Physical Address: (Current)				
•		(Street Address, Highway, Rout	e Number, Building number or name	9)
Requestor's Name:			Supervisor's Name	e:
Requestor's Signature:			Supervisor's Signature	e:
Type of Service Requ	esting -	Section #2		
New Installation *complete section Line Move(s) *complete section New Equipmen *complete section	on #3 on #4 ot Purchase	*complete se	ection #6 ing of line/equipment ection #7 ion	Repair/Maintenance *complete section #9
Additional Informatio				
		For New Installation	on(s): - Section #3	
<u>Circle</u> Type	of Service:	Centrex or Key System		
<u>Circle</u> Type of Telep	hone Line:	Single or Business (Spec	ify if ordering both type of tele	ephone lines)
<u>Circle</u> Type of tele	phone set:	Business set - M5316, C	•	need to be completed
<u>Choose one</u> Diali	ing Option:	Station-to-station	☐ Four States	
		Local	☐ Western State	es
		☐ Arizona	☐ 48 States	
Additional Calling	j Features:	(View website: www.nntu.	navajo-nsn.gov for calling fea	atures)
I	Floor Plan:	·	e service form) *Please mark w	here new line with be installed
		For Line Move(	s): - Section #4	
•		Internal or External		
Provide New Physica	al Address:			
F	loor Plans:	☐ Current location of I (Please attach the two flo	line(s)	• •

## New Equipment Purchase: - Section #5

Choose type(s) of Equipment:	(View website: www.nnt	tu.navajo-nsn.gov for available equipment)	
Indicate Telephone Number for E	Equipment Replacemen	t:	
Quantity:	☐ Telephone sets	Model No	
Quantity:	☐ Base cords	Indicate Type	
Quantity:	Receiver cords	Indicate Type	
Quantity:	☐ Power Boxes	Indicate Type	
Quantity:	☐ Wireless Office H	eadsets	
Voice Mail Services -	- New & Fxisting (Proh	ibited on main telephone number) - Section #6	
Affected Telephone Number:		Island on main tolophone namedly coolien no	
User's Full Name:			
User's Job Title:			
•		d to perform their duties and responsibilities)	
Justinication.	(Willy service is required	1 to perform their duties and responsibilities)	
	Programming of line	/equipment: - Section #7	
Specify telephone calling feature		ww.nntu.navajo-nsn.gov for calling features)	
		, ,	
	Disconnecti	on: - Section #8	
Identify Telephone Number(s):			
[			
Repair/M	laintenance of Existing	Telephone Services: - Section #9	
		7 Telephone Services: - Section #9	
Specify Telephone Number:			
		g Telephone Services: - Section #9	
Specify Telephone Number:  Type of Repair and Maintenance:			3
Specify Telephone Number:  Type of Repair and Maintenance:  Navajo	o Nation Telecommun	ication & Utilities Staff Use Only	
Specify Telephone Number:  Type of Repair and Maintenance:	o Nation Telecommun	ication & Utilities Staff Use Only	
Specify Telephone Number:  Type of Repair and Maintenance:  Navajo	o Nation Telecommunis	ication & Utilities Staff Use Only	