



**TELEPHONE SERVICE ORDER
– PBX SYSTEMS ONLY**

AGENCY			DIVISION					AGENCY CODE		SUB-AGENCY CODE		ORDER NO. (OFT Use)	
LOCATION			ON-SITE AGENCY CONTACT		PHONE NO.		AUTHORIZED REPRESENTATIVE				PHONE NO.	DATE	
							Signature: _____						
							Print Name: _____						
1	2	3	4	5	6	7	8	9	10	11	12	13	
EXT NO.	NAME AND ROOM NO.	ACTION (Check box)	CLASS OF SVC.	CALL PICKUP (w/Tel.#)	SPEED CALL	HUNT TO	TYPE OF SET	CABLE REQD? (Y/N)	CF DA (to Tel.#)	VOICE MAIL # OF RINGS / CF BY/DA #	VOICE MAIL DIAL "0"	REMARKS (e.g., CAT 3)	
		Move <input type="checkbox"/>	ADD										
		Add New <input type="checkbox"/>	DELETE										
		Remove <input type="checkbox"/>	RETAIN										
		Modify <input type="checkbox"/>											
		Move <input type="checkbox"/>	ADD										
		Add New <input type="checkbox"/>	DELETE										
		Remove <input type="checkbox"/>	RETAIN										
		Modify <input type="checkbox"/>											
		Move <input type="checkbox"/>	ADD										
		Add New <input type="checkbox"/>	DELETE										
		Remove <input type="checkbox"/>	RETAIN										
		Modify <input type="checkbox"/>											
		Move <input type="checkbox"/>	ADD										
		Add New <input type="checkbox"/>	DELETE										
		Remove <input type="checkbox"/>	RETAIN										
		Modify <input type="checkbox"/>											

- Electronically completed forms should be e-mailed to: oft.dl.telecom.voice.support@oft.state.ny.us
- Or print form, complete by hand, and mail or fax to: OFT Telecom. Order Entry Unit, Corning Tower, 27th Floor, Empire State Plaza, Albany, NY 12242 (Fax: 518-486-4085)