



**TERMINAL CHANGE ORDER
CAPNET WORKSHEET**

AGENCY		DIVISION		AGENCY CODE	SUB-AGENCY CODE	ORDER NO. (OFT USE)
AUTHORIZED REP. (Print Name)	AUTHORIZED REP. SIGNATURE	PHONE NO.	ON-SITE AGENCY CONTACT		PHONE NO.	DATE

Note: " ____ / ____ " means " (from) / (to) "

ACTION:	A	ACTION:	B
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PHONE NO.:	NAME: ____ / ____	PHONE NO.:	NAME: ____ / ____
911 DEFAULT DID:	BLDG.: ____ / ____	911 DEFAULT DID:	BLDG.: ____ / ____
SUB-AGENCY: ____ / ____	CODE: ____ / ____ FLOOR: ____ / ____	SUB-AGENCY: ____ / ____	CODE: ____ / ____ FLOOR: ____ / ____
TERMINAL TYPE: ____ / ____	ROOM: ____ / ____ REF.: ____ / ____	TERMINAL TYPE: ____ / ____	ROOM: ____ / ____ REF.: ____ / ____

CABLE REQUIRED?: YES <input type="checkbox"/> NO <input type="checkbox"/> <u>SPEED CALL</u> HOLES TO BE DRILLED BY (Date): _____ PERSONAL Size: _____	CABLE REQUIRED?: YES <input type="checkbox"/> NO <input type="checkbox"/> <u>SPEED CALL</u> HOLES TO BE DRILLED BY (Date): _____ PERSONAL Size: _____
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COR: ____ COS: ____ GROUP No. ____ Size: ____ CALL P/U (Same as phone no.): _____ CONTROL TERMINAL (If change or new only): _____	COR: ____ COS: ____ GROUP No. ____ Size: ____ CALL P/U (Same as phone no.): _____ CONTROL TERMINAL (If change or new only): _____
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HUNT TO: ____ / ____ <u>CALL COVERAGE</u> IDENTIFY EITHER LEVEL 1, 2 OR 3 IN "REMARKS" BELOW	HUNT TO: ____ / ____ <u>CALL COVERAGE</u> IDENTIFY EITHER LEVEL 1, 2 OR 3 IN "REMARKS" BELOW
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<u>ATTACHMENTS:</u> FLOOR PLAN <input type="checkbox"/> DIGITAL FORM <input type="checkbox"/> RELATED ORDER <input type="checkbox"/> ACD <input type="checkbox"/>	<u>CAPNET VOICE MAIL</u> CVM COS: _____ w/DIAL "0" TO: ____ / ____ w/CALL COVERAGE <input type="checkbox"/> NO. OF RINGS: _____	<u>ATTACHMENTS:</u> FLOOR PLAN <input type="checkbox"/> DIGITAL FORM <input type="checkbox"/> RELATED ORDER <input type="checkbox"/> ACD <input type="checkbox"/>	<u>CAPNET VOICE MAIL</u> CVM COS: _____ w/DIAL "0" TO: ____ / ____ w/CALL COVERAGE <input type="checkbox"/> NO. OF RINGS: _____
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REMARKS / ADJUNCTS:	REMARKS / ADJUNCTS:
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