

ILLINOIS WIRELESS INFORMATION NETWORK - COORDINATOR CHANGE FORM

_____ **ADD**

_____ **CHANGE**

New Information:

Agency _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Phone _____ Ext. _____ Fax _____

Submitted By _____

Date _____

Signature of
Director/Chief _____ Date _____

Name of Director/Chief _____

To add reporting features, please supply your Static IP Address _____

Please return this form to:

CMS Customer Service Center (CSC)
Attn: Provisioning
120 W. Jefferson, 2nd Floor
Springfield, Illinois 62702-5103
Fax: 217-524-5895 (for emergency orders only)

Please allow 10 business days to receive your report.

**For additional Information
contact the CSC
at 1-800-366-8768
(in centrex @217-524-4784)**