PAGING SERVICE REQUEST FORM - CHANGE EXISTING SERVICE FORM

CMS ORDER # _____ Page_____ of _____

AGENCY:	CONTROL #:	COORD:	TEL:
AU #:	DATE: / /	DUE DATE: / /	

CANCEL SERVICE, EQP RETURNED ☐
CANCEL SERVICE, LOST/STOLEN PAGER ☐
REPLACE, LOST/STOLEN PAGER ☐
REPLACE. PAGER DAMAGED BEYOND REPAIR ☐
REINSTATE CANCELLED PAGER SERVICE ☐

CHANGE USER NAME TO: _____
CHANGE EQUIP/OPTION: _____
CHANGE FREQ. TO: _____
ADD/CHANGE TELE # (EXPLAIN) _____
_____

☐ CHANGE AU # TO: _____

☐ CHANGE COVERAGE TO: _____

REMARKS: _____

SEGMENT	USER NAME	PAGER TEL. #	CAP CODE	SERIAL #
1.				
2.				
3.				
4.				
5.				

PAGER SHIPPING INFORMATION

AGENCY: PICKUP RETURN **VENDOR:** PICKUP DELIVERY

CONTACT: _____
PHONE #: _____
AGENCY: _____
STREET: _____
CITY/ZIP: _____

BILLING INFORMATION

MONTHLY RENTAL $ _____
SERVICE FEE $ _____
REPLACEMENT FEE $ _____
TOTAL **$** _____
FINALIZED _____

ISP/MACSS APPROVAL
BY: _____
_____ / / _____

VENDOR APPROVAL
BY: _____
_____ / / _____

CMS APPROVAL
BY: _____
_____ / / _____

VENDOR USE ONLY - DO NOT WRITE IN AREA BELOW

SEGMENT	FREQUENCY (MHz)	PAGER TEL. #	CAP CODE	SERIAL #
1.				
2.				
3.				
4.				
5.				