PAGING SERVICE REQUEST FORM
NEW SERVICE FORM

CMS ORDER # _____ Page_____ of _____

AGENCY:	CTRL #:	COORD:	TEL:
AU #	DATE:	DUE DATE:	

COVERAGE:

- ☐ STATEWIDE
- ☐ NORTHERN REG. (I-80 NORTH)
- ☐ DOWNSTATE REG. (I-80 SOUTH)
- ☐ E. ST. LOUIS ONLY

AREA CODE:

312	815	618
630	847	583
708	217	319
773	309	

CITY _____

TOLL FREE # _____

EQUIPMENT:

- ☐ NUMERIC DISPLAY
- ☐ ALPHANUMERIC DISPLAY

OPTIONS:

- ☐ GROUP PAGE
- ☐ ADD'L TEL. # _____
- ☐ VOICE MAIL - ENHANCED PCKG
- ☐ VOICE MAIL - EXECUTIVE PCKG
- ☐ OPERATOR DISPATCH - PCKG #1

REMARKS:

SEGMENT	USER NAME	PAGER TEL #	CAP. CODE	SERIAL NUMBER
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: _____

/ /