

Email to [govtel.requests@sasktel.com](mailto:govtel.requests@sasktel.com) (Regina)

Date (MM/DD/YY)		Phone Number to Service	
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**Client Information**

Company Name

Customer Account Number

Centrex Analog

Centrex Digital

Centrex IP

Coordinator Name

Coordinator Phone Number

On-Site Contact

On-Site Contact Phone Number

Address:

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**\*\*For Centrex IP services the physical address is mandatory for 911 indicated purposes\*\***

<b>Installation Date</b>	<b>Type of Request</b>
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Regular Time

New

Overtime

Change

Disconnect

Specific Installation Date

Move

**Details**

Existing Telephone Number:

Wiring Jacks (in place):  Yes

No

Equipment required:  Yes

No

Please indicate the required or customer owned set model:

Basic Features

(list features):

Optional Features

(list features):

Voice Mail  Yes

No

Combined Voice Mail  Yes - please provide the mobile number:

No

Password Reset:  Destructive

Non-Destructive

Additional Information required (key changes, appearances, special instructions):

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