

*HPOVSD Job No:



APPLICATION FOR TELEPHONE/VOICEMAIL SERVICES
 (Send completed form to the ITMS Support Desk, Building 4, Fax 8946 6630)
ALL DETAILS MARKED WITH * MUST BE PROVIDED

Current Details			
*Surname	*First Name		*Extn No
*Faculty/Department	Building No	Level	Room No

Service Required			
New Voicemail Account <input type="checkbox"/>	Security Code Change <input type="checkbox"/>	Conference Call ^{\$} <input type="checkbox"/>	Change PH Server details <input type="checkbox"/>
Mobile Quick Dial <input type="checkbox"/>	Mobile Number:	New Phone Number ^{\$} <input type="checkbox"/>	
ESP details and/or other requirements:			

Former PH Server Details			
Surname	First Name		Extn No
Faculty/Department	Building No	Level	Room No

Call Access Level NB:**TICK ONE BOX ONLY** Each Call Access Level includes the preceding level/s of access				
1.Internal (NTU) <input type="checkbox"/>	2.Local (Darwin area) <input type="checkbox"/>	3.Intrastate (NT Only) <input type="checkbox"/>	4.STD (National) <input type="checkbox"/>	5.ISD (International) <input type="checkbox"/>

I hereby agree to use the CDU Voicemail System in a responsible manner, including but not limited to the University's 'Policy on Telephone Communications'.

*USER SIGNATURE:.....	*AUTHORISED BY:.....
*POSITION/TITLE:	*DELEGATION:
*DATE:	*PRINT NAME: DATE:
Cost Code / / / Required for all services marked with ^{\$}	

FOR ITS USE ONLY	
SERVICE DETAILS	
Services activated by:	Date:
Client Advised:	Date:
SODIT Job Closed:	Date:

For Assistance please contact the ITMS Support Desk – Ext: 6600