

DCFS CELL PHONE ORDER OR REPLACEMENT FORM

USE THIS FORM TO ORDER NEW PHONE SERVICE, UPGRADE EXISTING PHONE EQUIPMENT OR REPLACE BROKEN, LOST OR STOLEN PHONES

PLEASE NOTE: No action will be taken without this information. A blank form must be used for each request.

DATE: _____

DCFS AREA: _____ CITY: _____ ZIP CODE: _____

COUNTY OR CENTRAL OFFICE LOCATION: _____

TELEPHONE NUMBER OF CURRENT PHONE: _____ PERSONNEL NUMBER: _____

PHONE SERVICE PROVIDER: AT&T VERIZON

PLEASE CHECK ONE OF THE FOLLOWING:

NEW PHONE

UPGRADE EQUIPMENT USING EXISITNG CELL PHONE NUMBER (non-working/defective existing equipment or lost/stolen equipment can be replaced with an upgrade if the cell number is eligible for a replacement under the terms of the cell phone contract at the time of the replacement request)

LIST PROBLEM(S) WITH PHONE:

DEFECTIVE BROKEN LOST STOLEN

OTHER (LIST BELOW)

AFTER RECEIVING CELL PHONE REPLACEMENT

RETURN BROKEN/DEFECTIVE PHONE WITH FORM BY INTERDEPARTMENTAL MAIL TO DCFS FINANCIAL SUPPPORT UNIT, SLOT S-561

Print Name and Title of User _____

Signature

Date

Area Director's approval required for PHONE SERVICE REQUEST

Signature

Date

Central Office Signature

Date

