

CITY OF CORAL GABLES
CELLULAR SERVICES RELEASE FORM

DEPARTMENT: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

DATE: _____

REQUEST

(PLEASE CHECK AS APPROPRIATE)

Employee Name: _____

Employee Number: _____

Position/Title: _____

New Phone*

PDA Phone*

Push-to-Talk Phone*

Release Phone Number* _____

Return Phone

Transfer Phone from: _____

Transfer Tel No.: _____

Transfer To: _____

Transfer Title: _____

Wireless Card for Laptop*

Text Messaging for Standard Phone*

*requires prior authorization

Comments
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APPROVAL:

Department Director Name (Please print)

Department Director Signature Date

City Manager Office (Please print)

City Manager Office Signature Date

*ALL REQUESTS MUST RECEIVE FINAL APPROVAL FROM CITY MANAGERS OFFICE.

FOR IT USE ONLY

Service Request No.: _____

Make: _____

Model: _____

Type of Phone

PDA PTT Standard

Other Service

WAN Card Text Messaging

Phone No. _____

ESN _____

IMEI _____

SIM _____

IT Tech Assigned _____ Date _____

DEPLOYMENT

Date _____ Time _____

Employee Receipt Signature _____

IT Tech Signature _____

RETURN OR TRANSFER

Date _____ Time _____

Employee Return Signature _____

IT or HR Staff Signature _____

Copy to HR Date _____

Signature _____ Print _____