

DATA CABLING/WIRING SERVICE REQUEST, ADDITIONAL ITEMS
 THE UNIVERSITY OF TEXAS AT AUSTIN, INFORMATION TECHNOLOGY SERVICES (ITS)
 Attach to "Data Wiring Service Request"

DEPARTMENT _____ DATE _____

CONTACT NAME _____ PHONE _____ BLDG/ROOM _____

CALL (512) 471-5800 IF YOU HAVE ANY QUESTIONS ABOUT THIS ORDER FORM.

Item	NEW SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF SERVICE: DISCONNECT <input type="checkbox"/> INSTALL <input type="checkbox"/> MOVE* <input type="checkbox"/> OTHER <input type="checkbox"/>
CIRCUIT NUMBER _____ BLDG _____ ROOM _____ JACK NUMBER _____		
CIRCUIT TYPE: ETHERNET <input type="checkbox"/> FIBER <input type="checkbox"/> MAINFRAME <input type="checkbox"/> OTHER <input type="checkbox"/> Do you want us to provide and install PATCH CORDS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If including Patch Cords, specify NUMBER/TYPE/LENGTH: (if you do not know what you need, leave blank) _____		
HUB/SWITCH NAME OR NUMBER _____		PORT NUMBER _____
*MOVE: FROM:	BUILDING _____	ROOM _____ JACK NUMBER _____
TO:	BUILDING _____	ROOM _____ JACK NUMBER _____
<i>Remarks:</i>		

Item	NEW SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF SERVICE: DISCONNECT <input type="checkbox"/> INSTALL <input type="checkbox"/> MOVE* <input type="checkbox"/> OTHER <input type="checkbox"/>
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