

**COLORADO DEPARTMENT OF TRANSPORTATION
TELECOMMUNICATIONS SERVICE REQUEST**

SECTION 1

Check one <input type="checkbox"/> Headquarters <input type="checkbox"/> Region_____	
Contact person name	Telephone #
Work location and room #	
Authorized signature	COFRS code
WORK REQUESTED: <input type="checkbox"/> Data <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Move <input type="checkbox"/> Voice <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Move Other (describe):	

SECTION 2 Please do not write below this line

Telephone number(s) of line(s)			Faceplate number(s)		
#	#	#	#	#	#
DESCRIPTION OF WORK COMPLETED:					
Hours worked			Parts cost/P.O. #		
Work completed by (name)				Date work completed	

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