



# Request for FTS2001 Service - Interim

## Service Request Information

Agency Order #: \_\_\_\_\_ Expedite? (Y/N): \_\_\_\_\_

Service Request Date: \_\_\_\_\_ TSP Code: \_\_\_\_\_

Action Type: \_\_\_\_\_ Related Order: \_\_\_\_\_

Service Type: \_\_\_\_\_

Order Qty: \_\_\_\_\_ Costs

Desired Due Date: \_\_\_\_\_ Non-Recurring Costs: \_\_\_\_\_

Project Name: \_\_\_\_\_ Recurring Costs: \_\_\_\_\_

## Billing Information

Agency Bureau Code: \_\_\_\_\_

Agency Hierarchy Code: \_\_\_\_\_ Sprint Level 2 CHARS: \_\_\_\_\_  
28 characters

Agency Name: \_\_\_\_\_ DAR Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ DAR E-mail: \_\_\_\_\_  
Street Address

\_\_\_\_\_ DAR Phone #: \_\_\_\_\_  
Room / Building

\_\_\_\_\_ DAR FAX #: \_\_\_\_\_  
City ST Zip Code

## Originating Location Information

## Terminating Location Information

_____	_____	_____	_____
SDP ID Code	LOC CHARS ID	SDP ID Code	LOC CHARS ID
_____	_____	_____	_____
Location Name		Location Name	
_____	_____	_____	_____
Street Address		Street Address	
_____	_____	_____	_____
Room / Building		Room / Building	
_____	_____	_____	_____
City	ST	Zip Code	
_____	_____	_____	_____
Site Phone Number		Site Phone Number	
_____	_____	_____	_____
Local Gov't Contact	Local Gov't Phone #	Local Gov't Contact	Local Gov't Phone #
_____	_____	_____	_____
Local Gov't Contact Email	Local Gov't FAX #	Local Gov't Contact Email	Local Gov't FAX #

\_\_\_\_\_ Phone # \_\_\_\_\_ Toll-Free # (Reservation Form Req'd)

Sprint Government Account Manager

## Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DAR Signature

\_\_\_\_\_  
DATE

Sales Received Date: \_\_\_\_\_

Sprint Acknowledge Date: \_\_\_\_\_