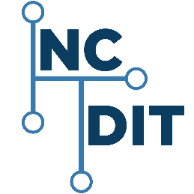
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | TO-5 Telephone Order Service Request | | | | | | | | | | Date: | | | | |
| NC Department of Information Technology Service Delivery  DIT Home Page Web Address: <https://it.nc.gov/> DIT Service Desk:(919)-754-6000;1-800-722-3946 Upload this completed form to the DIT Service Now Portal:  <https://ncgov.servicenowservices.com/sp_dit> \*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request. | | | | | | | | | | Requested Due Date: | | | | |
| Service Request Number (IUO): | | | | |
| **Information requested below is REQUIRED in order to expedite processing.** | | | | | | | | | | | | | | | | |
| Requestor Name (mandatory): | | | | | | Requestor Telephone Number (mandatory):() **-** | | | | | | | | | | |
| Requestor E-mail (mandatory): | | | | | | Requestor Fax Number:()**-** | | | | | | | | | | |
| Name (Requested for): | | | | | | Telephone Number:() **-** | | | | | | | | | | |
| 25-digit Account/Department Code for Billing: (mandatory): | | | Bill To Telephone Number (mandatory):  () **-** | | | | | | Floor (Location): | | | | | Room (Location): | | |
| Federal ID: | | | Department Name: | | | | | | | Division: | | | | | | |
| Street Address: (Work Location): | | | | | | City / Town: | | | | Zip Code: | | | County: | | | |
| Old Street Address (Only for a move): | | | | | | City / Town: | | | | Zip Code: | | | County: | | | |
| Site Contact Name (mandatory): | | | | | | Site Contact Telephone Number (mandatory): ()**-** | | | | | | | | | | |
| Site Contact Name (mandatory): | | | | | | Site Contact Telephone Number (mandatory): () **-** | | | | | | | | | | |
| Site Contact E-mail: | | | | | Site Contact Fax Number:()**-** | | | | | | | Room Number: | | | | |
| Type of Service: | | | | Phone Type: | | | Model Number: | | | | System: | | | | Line Type: | |
| Move | Auth Code | | | Single Line set | | | \_\_\_\_\_\_\_\_ | | | | Centrex | | | | Centrex Line | |
| Add | International Long Distance | | | Avaya | | | \_\_\_\_\_\_\_\_ | | | | Key System | | | | Fax Line | |
| Change | Toll Free (1-800) | | | Nortel/Meridian | | | \_\_\_\_\_\_\_\_ | | | | PBX | | | | ISDN PRI | |
| Disconnect | Integrated Voice Messaging Service (IVMS) [see page 2 for provisioning details] | | | Nortel/Norstar | | | \_\_\_\_\_\_\_\_ | | | | ITS EIPT | | | | Modem Line | |
| Inside wiring required | Auto Attendant | | | Toshiba **Meridian Meridian** | | | \_\_\_\_\_\_\_\_ | | | | ITS Mngd PBX | | | | Voice Line | |
|  | Other\_\_\_\_\_\_\_\_\_ | | | Other | | | \_\_\_\_\_\_\_\_ | | | | ITS IVR/Call Ctr | | | | Other\_\_\_\_\_\_\_ | |
|  | | | | Other \_\_\_\_\_\_\_\_\_\_ | | | | | | | Other\_\_\_\_\_\_\_\_\_ | | | |  | |
| Describe the Service Request. Attach an addendum if required. Use only 1 installation site address per TO-5. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Budget Officer’s Signature (mandatory): SOF | | | | | | | | Telephone: ()- | | | | | | | | Date: |



**Integrated Voice Messaging Service (IVMS)**

The Integrated Voice Messaging Service provides users with an assortment of voice mail tools in one solution that enhances communications and productivity.

**General IVMS Information**

IVMS Mailbox User Name:

IVMS Mailbox “0” Out Number (if applicable): -  -

**Service Offering Options**

Choose which service offering you prefer;

**Basic**

Basic without Integrated Fax

Basic with Integrated Fax, please provide e-mail address for fax delivery.

**Advanced**

Advanced

Check all that apply;

Integrated Fax, please provide e-mail address for fax delivery.

Reach Me

List up to three numbers to be where you can be “reached”.

1st -  -  -

2nd -  -  -

3rd -  -  -

Notify Me

Where would you like to be “notified” you have a voice mail?

E-mail address:

Text Message:  -  -

Pager:  -  -

A phone call to:  -  -

**Custom**

For custom service offering design please call 919-754-6000 and one of our analysts will be glad to assist you.